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CHOLERA.

The cholera situation throughout the world seems to be subsiding into the quiescent stage in which it usually remains during the first four or five months of the calendar year. The outbreaks which have been in progress in Japan, China, and southern Asiatic ports have for the most part disappeared. This does not include, however, those areas in southern Asia in which the disease is endemic and is present to a greater or less extent at all times. The disease has been present in various parts of Turkey in Asia and especially in Jidda and Meka. In Europe the outbreak which began in Constantinople during the early part of November continues. It has, however, not spread to any great extent so far as known. During the week ended January 6 there were reported in Constantinople 117 cases of cholera with 62 deaths and from the beginning of the outbreak to January 6 there had been officially reported a total of 2,459 cases with 1,208 deaths.

MEASLES AT PITTSBURGH.

From November 1, 1912, to January 8, 1913, there were notified in the city of Pittsburgh 3,225 cases of measles, with 51 deaths. During the week ended January 18, 355 cases were notified, with 4 deaths. This number of cases indicates that a considerable epidemic has been in progress in the city. Of interest is the fatality rate which, for the cases notified from November 1 to January 8, was 1.58 per cent, while the rate for the cases reported during the week ended January 18 was 1.13 per cent.

SMALLPOX. *

At Evansville, Ind., 231 cases of smallpox, with 1 death, were reported from October 5, 1912, to January 25, 1913. In Zanesville, Ohio, 84 cases, with no deaths, were reported between November 23, 1912, and January 25, 1913. In Detroit, Mich., 74 cases of smallpox, with no deaths, were reported between October 25, 1912, and January

11, 1913. In Baltimore, 34 cases, with no deaths, were reported during the five weeks ended January 25. In these four cities during the periods mentioned a total of 423 cases of smallpox was reported, with but 1 death. The disease in these outbreaks has been of the mild type, which has been the usual one for some years. During December, however, there was in Hunt County, Tex., an outbreak in which 18 deaths were reported among 60 cases. The type of the disease in this outbreak was of the virulent form.

MALARIA IN RUSSIA.¹

ITS PREVALENCE AND GEOGRAPHIC DISTRIBUTION.

Although malaria has prevailed in Russia from time immemorial, correct data were not given out by the medical authorities prior to 1892. Since that period, however, the medical fraternity has been battling with this malady and has succeeded in reducing the mortality rate as well as limiting the area of prevalence.

Russia may be divided into two principal zones in regard to malaria. The first zone, with malaria of a malignant character, comprises the coast of the Caspian Sea, Astrakhan, the plain lying north of the Caucasus, Transcaucasia, the coast of the Black Sea, Crimea, Kherson, Bessarabia, the country along the Volga and its tributaries, as well as the lower course of the Dnieper and Dniester. This means practically the whole southeastern part of Russia.

This zone can be said to be divided from the second zone with malaria of a moderate character (less than 100 cases of malaria to every 1,000 cases of sickness registered) by the rivers Dnieper and Pripet to the west and, approximately, by the fifty-fifth parallel of north latitude on the north.

It may be estimated that practically there is not one Province of Russia that is entirely free of malaria. The greatest number of cases are registered in the following 10 Provinces:

[Cases of malaria to 1,000 registered cases of sickness.]

Coast of the Black Sea and the Caucasus:

Tchernomorsky Province.....	390
Terskaya Province.....	337
Kubanskaya Province.....	301
Dagestan Province.....	271
Kutais Province.....	259
Tiflis Province.....	236
Erivan Province.....	234

Central Asia:

Syr-Daria Province.....	364
■ Semiretchensk Province.....	293
Samarkand Province.....	253

The Provinces that show the least number of cases of malaria are the Baltics, Pskov, Tver, Archangel, St. Petersburg, Smolensk, Kovno,

¹ From a report received from the consul general at Moscow.

Yaroslav, as well as the whole of Finland and Poland, the average number of malarial cases ranging from 2 to 20 to every 1,000 registered cases of sickness.

The vast malarial area is explained by the great number of rivers traversing the Russian plain, as malaria is principally a malady of river valleys. The slow flow of the Russian rivers creates numerous swamps along the borders of the rivers, and this circumstance, if accompanied by excessive heat during the summer months, is the cause of the presence of millions of mosquitoes. The northern Provinces, although marshy, do not show such high temperature in summer, and therefore are more or less free from malaria.

The number of malarial cases occurring annually in Russia may be estimated at 5,000,000. The disease is found principally among the village population, of which the children seem to suffer more than adults.

According to statistical data of the last 10 years it has been established that malaria is most prevalent during the summer months, the greatest number of cases being registered in the month of August, the number of cases rapidly decreasing in autumn, and the lowest stage being reached in the month of February.

Malaria represents the chief obstacle to the successful colonization of the Caucasus and Turkestan. It must be considered as the cause of serious injury to the economic welfare of the population, as a considerable number of the inhabitants are rendered unfit for work during the time of the year when labor is most in demand.

The attention paid to this disease during the past 10 or 15 years has resulted in diminishing somewhat the prevalence of malaria in many villages and in decreasing the mortality from the disease. It has been found that the best result was reached by drainage. The use of crude oil to prevent the propagation of mosquitoes has been found impracticable because of the extent of the swamp areas. Preventive medicines are distributed free of cost by the government village hospitals to the villagers, and by the military administration to the soldiers. The following statistical data of the imports of quinine may serve as an illustration of the increased measures against malaria.

There were imported:

Year.	Quinine.	
	Poods. ¹	Value.
1905.....	1,007	\$63,150
1906.....	3,777	154,200
1907.....	3,591	183,450
1908.....	2,725	107,200
1909.....	3,300	111,500
1910.....	4,200	109,000
1911.....	4,100	134,000

¹ A pood is a Russian weight equivalent to about 36 pounds avoirdupois.

HOSPITAL RELIEF FOR THE COUNTRY.

THE POSSIBILITIES OFFERED BY HOSPITAL TRAINS IN FURNISHING MUCH NEEDED MEDICAL AND SURGICAL FACILITIES TO RURAL DISTRICTS.

By CH. WARDEL STILES, Professor of Zoology, Hygienic Laboratory, United States Public Health Service.

In an extensive experience of over 20 years in studying the sanitary conditions of the rural districts in many of our States the fact has been seriously impressed upon me that there are tens of thousands of men, women, and children in our open country who suffer preventable pain, who are inhibited in their physical, mental, economic, and moral development, and who in many cases either become physical wrecks or die because of the simple reason that they do not, and under existing local conditions they can not, have proper medical and especially proper surgical treatment. That the railroads have been exceedingly considerate in granting free transportation to enable special cases to be taken to hospitals should be acknowledged with appreciation. But the fact remains sadly true that these instances are rare exceptions when compared with the actual number of cases that need attention. That we have many hospitals in our cities to which numerous others of the cases in question should be taken may be admitted without discussion, but the cold fact remains that the great mass of the people in question will never have proper medical or surgical relief unless it is taken to them.

For many years past I have had in mind what seemed to be a solution of the problem here presented, but not until recently has it been feasible to make a practical test, on a small scale, of the idea in question.

With the remote hope that some person looking for an opportunity to place a welfare endowment may possibly read this article, and that the idea of a free hospital train may appeal to him or her, I take the liberty of describing briefly certain needs of the open country and a plan for the possible solution of some of them.

The greatest evil to-day in our rural States is undoubtedly the existing medieval sanitation. There are numerous counties in which sanitation in respect to soil pollution and care of milk is only 1 to 10 on a scale of 100. The recent wonderful awakening on the part of the State boards of health and State boards of education in respect to these points can not be praised too highly. The initiative in solving this particular phase of rural needs is therefore taken, but we must not deceive ourselves with the idea that the reform is to be accomplished in less than a generation—at least of a school generation—for the ultimate solution of this problem lies in the development of a public sentiment among the people which will demand the passage and enforcement of State and local laws that will decrease pollution of the soil and of the water and milk supplies.

District nursing is another sad and crying need of our farm areas about the beauties of which much has been written. Though not blinded to this latter side of our open country my particular experience has brought me into closer contact with the poverty, ignorance, and filth (not to use a stronger word) of the average home in the agricultural districts into which my studies have taken me. The average country woman (white or black) with whom I come into contact has exceedingly rudimentary ideas on the subject of cleanliness, cooking, housekeeping, and care either of children or the sick. Owing to absence of reliable death statistics for so many of our counties, it is impossible to present figures to prove how many infants and children die unnecessary deaths because of pure ignorance on the part of their mothers. To meet the needs of this side of our problem, the district nurse seems capable of playing a most valuable rôle, and the present movement in this direction, a form of welfare work still in its infancy, is one that deserves cordial moral and financial support.

However heartily we may approve of instruction in sanitation and of welfare work in rural nursing, we should not close our eyes to the fact that there are many advantages enjoyed by city women and children that are unopened books to thousands of agricultural families.

The average mother with whom my field work brings me in contact is never attended during confinement either by a physician or by a trained nurse. The aid at her disposal is only that offered by her family, her neighbors, or by some (usually ignorant and dirty) midwife. As a result, injuries very frequently occur. Not having before them either the knowledge of possible surgical relief or the opportunity for such treatment, many country mothers bear unnecessary burdens through their sad and arduous lives. Numerous observations persuade me that authors who write on the great advantages of life in the open country have not based their statements upon a study of the hardships of the laboring rural mother (the term "laboring" being here used in its double sense). A traveling hospital could bring great relief to thousands of these mothers who now go through life without even dreaming of the possible advantages open to the poorest mothers in the slums of our cities.

In studying the children one is deeply impressed with the number who are handicapped both in their physical and mental development by the fact that the ventilation of their bodies is impeded by growths (enlarged tonsils and adenoids) that might easily be removed. In many instances, also, the eyes need attention that is now beyond the reach of the families.

The facts just related will suffice as basis for the suggestion now made.

Education in various lines is brought within the reach of country families; they do not have to send their children to the city schools. Farm demonstration work is being brought to their homes; the farmer can learn how to increase his crop of corn, etc., without the necessity of his going through an agricultural college. Why not bring more health within reach of the farm laborer and his family?

It would be a comparatively simple matter to fit out a special hospital train of, say, three to six cars and to take this train to those counties which have not at present hospital advantages and to the mass of inhabitants of which such advantages are to-day for one reason or another a practical impossibility.

That there are technical difficulties to be overcome, as for instance freedom from dust during surgical operations, is understood, but those difficulties are not insurmountable; they are mere details that call for careful study. Another line of difficulty would be to overcome the prejudice many of the people have against surgical operations; but that, too, is a mere detail which would soon be arranged through educating the people of a given district by a few practical demonstrations in the way of cures.

The expenses connected with a hospital train need not be much if any greater than those connected with any other hospital, for doubtless many railroads would haul the cars free or at most upon payment of mileage for the personnel. The distances to be traveled need not be great between stops.

The greatest difficulty to be overcome would be the wear and tear upon the personnel, for I can state from personal experience that life in a hospital car is an exceedingly severe one.

Through the kindness of Dr. George Thomas, of Wilmington, N. C., a certain piece of research work I am now conducting and in which it has become necessary for me to have about 85 rural school children under personal observation and control for several successive periods of about 20 to 24 hours each, was brought to the attention of the administrative officers of the Atlantic Coast Line. The railroad company very kindly reserved for my use a three-compartment combination car, and later a two-compartment car, which were outfitted as a traveling hospital and laboratory and used as such for nearly two months. Part of the time I have had two, part of the time one, assistant, in addition to a trained nurse. We are covering the territory of seven country schools in a certain county, making stops of two to three days each at five different points.

The children come to the car about 4.30 in the afternoon and are kept under observation until 1 to 4 o'clock the next afternoon. The experience has clearly demonstrated to me the feasibility of the traveling hospital—at least for many purposes. In only one of the five stopping points has there been a lack of interest and cooperation, either on the part of the people in general or of the school children.

In only one place (the one already mentioned) have we found any antagonism worth mentioning to our work. Any minor opposition that existed at the other four stopping points practically died out after the first visit. The entire trip has been a decided success, and whatever facts may be developed as a result of the study will be due in very large measure to the kindness of Dr. Thomas and to the cooperation of the Atlantic Coast Line in providing the car.

Despite the fact that the present trip has for its purpose a particular line of work, people come in to us from miles around to ask other medical and even surgical aid. Many of our callers can not afford to employ a physician. Time after time when they are advised to go to the local physician or to some hospital the reply is made that they are very poor and can not afford the expense.

The local physicians do a vast amount of charity work, but the life of the country practitioner is a hard one; the distances between their patients are often considerable, and these men simply can not afford to do for the poorer farmers what the free city clinics are doing for the city poor. The county health officers are underpaid as it is, and it is not right to expect them to conduct a large charity practice when they are already making a decided sacrifice in serving in their official capacity. Further, the country physicians are expected to cure everything from the falling out of hair to the ingrowing of toenails, and neither time nor opportunity exists for them to go into the throat, nose, ear, eye, and "repair" work that is in constant demand of attention.

To meet the needs of the medical work in the different localities there may be, of course, different possibilities, but as I see the problem, one of the most feasible methods would be a hospital train which could make short trips in those localities that are not to-day supplied with specialists on the eye, ear, nose, throat, and in gynecology. Unless in certain districts these phases of rural medical work are turned over to medical welfare workers, there will be thousands of American country women who will continue in their unnecessary sufferings, and tens of thousands of American children who will attempt to develop without proper body ventilation, despite the much vaunted "pure, fresh, country air."

It is not the purpose of this article to discuss how a hospital train could be utilized to bring about a number of by-product results, such as bringing to the physicians a much needed post-graduate medical instruction; to the mothers, ideas on cooking, housekeeping, infant feeding, etc.; to the fathers, ideas on sanitation; to the schools, special instruction along health lines.

The idea held in mind in writing these lines, on board the Atlantic Coast Line hospital car, sidetracked at a remote country crossroads, and by snatching a few moments after one of the hardest 48 hours of work I have ever experienced, among people whose physical condition

has been almost overlooked by their fellow country men, is that the possibility is not excluded that the suggestion may perhaps come to the attention of some person who is looking for an opportunity to do good, to the extent of 100 cents per dollar expended, and who may perhaps be moved to look into the merits of the suggestion the article contains—a suggestion of welfare work in a line not existent at the present moment.

**AMENDMENT TO INTERSTATE QUARANTINE REGULATIONS.
PURE DRINKING WATER FOR PASSENGERS IN INTERSTATE TRAFFIC.**

TREASURY DEPARTMENT,
OFFICE OF THE SECRETARY,
Washington, January, 25, 1913.

To medical officers of the Public Health Service, State, and local health authorities, and others concerned:

The following amendment is hereby made to the Interstate Quarantine Regulations promulgated by this department September 27, 1894, and amended August 17, 1905, June 24, 1909, May 15, 1912, October 30, 1912, and December 9, 1912, said amendment and regulations being in accordance with section 3, act of Congress approved February 15, 1893.

Article 3, General Regulations, is hereby amended by the addition of the following paragraph:

Paragraph 15. Water provided by common carriers on cars, vessels, or vehicles operated in interstate traffic for the use of passengers shall be furnished under the following conditions:

(a) Water shall be certified by the State or municipal health authority within whose jurisdiction it is obtained as incapable of conveying disease: *Provided*, That water in regard to the safety of which a reasonable doubt exists may be used if the same has been treated in such a manner as to render it incapable of conveying disease, and the fact of such treatment is certified by the aforesaid health officer.

(b) Ice used for cooling such water shall be from a source the safety of which is certified by the State or municipal health authority within whose jurisdiction it is obtained, and before the ice is placed in the water, it shall be first carefully washed with water of known safety, and handled in such manner as to prevent its becoming contaminated by the organisms of infectious or contagious diseases: *Provided*, That the foregoing shall not apply to ice which does not come in contact with the water which is to be cooled.

(c) Water containers shall be cleansed and thoroughly scalded with live steam at least once in each week that they are in operation.

FRANKLIN MACVEAGH,
Secretary.

PREVALENCE OF DISEASE.

IN CERTAIN STATES AND CITIES.

SMALLPOX.

State Reports for December, 1912.

Place.	Number of new cases reported during month.	Death.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Minnesota:						
Aitkin County—						
Aitkin.....	1				1	
Padua Township.....	1				1	
Becker County—						
White Earth Township.....	1					1
Blue Earth County—						
Mankato.....	3					3
Carlton County—						
Split Rock Township.....	1				1	
Carver County—						
Hancock Township.....	1				1	
Clearwater County—						
Winsor Township.....	1					1
Crow Wing County—						
Bay Lake Township.....	2					2
Dakota County—						
Nininger Township.....	2			1	1	
South St. Paul.....	1					1
Dodge County—						
Westfield Township.....	1				1	
Fillmore County—						
Bloomfield Township.....	1				1	
Fillmore Township.....	4				4	
Jordan Township.....	1					1
Hennepin County—						
Greenwood Township.....	1				1	
Minneapolis.....	33				33	
Kandiyohi County—						
Willmar.....	6		1		4	1
Lyon County—						
Eidsvold Township.....	4			1	3	
Taunton.....	13			1	12	
Westerheim Township.....	4				4	
Meeker County—						
Collinwood Township.....	5		2		3	
Dassel.....	8		2		6	
Dassel Township.....	5				5	
Ellsworth Township.....	2				2	
Kingston Township.....	1				1	
Litchfield.....	2				2	
Mower County—						
Austin.....	14			2	11	1
Windom Township.....	1				1	

SMALLPOX—Continued.

Place.	Number of new cases reported during month.	Death.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Minnesota—Continued.						
Olmsted County—						
Cascade Township.....	1			1		
Farmington Township.....	2				2	
Haverhill Township.....	1				1	
New Haven Township.....	2				2	
Orion Township.....	13			2	11	
Oronoco Township.....	3				3	
Pleasant Grove Township.....	1				1	
Rochester.....	4				4	
Otter Tail County—						
Dane Prairie Township.....	3			1	1	1
Pine County—						
Windemere Township.....	5			1	4	
Ramsey County—						
New Canada Township.....	1					1
St. Paul.....	55			3	11	41
White Bear.....	1					1
Rice County—						
Faribault.....	42			4	35	3
Morristown Township.....	1				1	
Roseau County—						
Warroad.....	1				1	
St. Louis County						
Duluth.....	64				64	
Scott County—						
Helena Township.....	1				1	
Jordan.....	7				6	1
Steele County—						
Blooming Prairie.....	6				5	1
Owatonna.....	1					1
Wadena County—						
Wadena.....	1					1
Wadena Township.....	1			1		
Washington County—						
Oakdale Township.....	1				1	
South Stillwater.....	8				8	
Stillwater.....	24			2	22	
Watsonwan County—						
Madelia Township.....	3			1	2	
Winona County—						
Fremont Township.....	2				2	
Wright County—						
Stockholm Township.....	9				8	1
Yellow Medicine County—						
Burton Township.....	4					4
Total.....	388		5	21	295	67
New York:						
Albany County—						
Albany.....	1			1		
Broome County—						
Deposit.....	1				1	
Chenango County—						
Norwich.....	8				8	
Clinton County—						
Plattsburg.....	4			1	3	
Saranac.....	16			3	13	
Cortland County—						
Cortland.....	1				1	
Delaware County—						
Colchester.....	4				4	
Deposit.....	9				9	
Tompkins.....	1				1	
Walton.....	2			1	1	
Hancock.....	10					10
Dutchess County—						
Fishkill.....	1				1	
Essex County—						
Moriah.....	4			1	3	
Lewis.....	31			3	28	
Essex.....	15					15

SMALLPOX—Continued.

Place.	Number of new cases reported during month.	Deaths.	Vaccination history of cases.			
			Number vaccinated within seven years preceding attack.	Number last vaccinated more than seven years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
New York—Continued.						
Erie County—						
Buffalo.....	1				1	
Lewis County—						
Diana.....	1				1	
Monroe County—						
Rochester.....	2					2
Montgomery County—						
Canajoharie.....	2					2
Fonda.....	3					3
Niagara County—						
Niagara Falls.....	9			3	5	1
Orange County—						
Middletown.....	3			2	1	
Oswego County—						
Oswego.....	1			1		
Rensselaer County—						
Rensselaer.....	1					1
Sullivan County—						
Monticello.....	1					1
Mamakating.....	1					1
St. Lawrence County—						
Louisville.....	1			1		
Total.....	134			17	81	36

Iowa—Perry and Des Moines to January 23.

The secretary of the State Board of Health of Iowa reported, January 23, that to the date of report 20 families in Perry, Dallas County, had been quarantined for smallpox. He stated in the same report that 31 cases of smallpox had been notified from Des Moines, Polk County, during the first 23 days of January.

Maryland.

The secretary of the Maryland State Board of Health reported by telegraph January 28 that 6 new cases of smallpox had been notified at Gorman, Garrett County, this being a new focus of infection. Gorman is just over the river from Gorman, W. Va. The report also stated that 1 new case had been notified near Midland, Allegany County.

In Baltimore there were reported, between December 22 and January 25, 34 cases of smallpox. There were 4 cases for the week ended December 28. The numbers for succeeding weeks were 6, 9, 12, and 3. The largest number of cases notified in one week was 12, during the week ended January 18. The outbreak in Baltimore is apparently of the mild type of smallpox so generally prevalent, as no death has so far been reported.

Missouri.

In the Quarterly Bulletin of the Missouri State Board of Health 10 deaths from smallpox are recorded for the six months, April to September, 1912, as follows: One in April, 1 in May, 7 in July, and 1 in August. This is of interest as it is a larger number of deaths from smallpox than that occurring in most of the other States. Records of the number of cases of smallpox that occurred during this time are not available. No information is obtainable, therefore, of the prevalence of the disease, and it is not known whether the 10 deaths represent 20 cases or 10,000 cases—the history of smallpox in this country and the known marked variation in the case fatality rate of different outbreaks would bring either estimate within the bounds of possibility.

Miscellaneous State Reports.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Indiana (Dec. 1-31):			South Dakota (Dec. 1-31):		
Counties—			Counties—		
Allen.....	23		Beadle.....	1	
Carroll.....	1		Brown.....	2	
Clay.....	10		Brule.....	5	
Davies.....	1		Clay.....	10	
Delaware.....	1		Coddington.....	3	
Grant.....	10		Grant.....	3	
Greene.....	42		Jerauld.....	5	
Huntington.....	1		Lyman.....	6	
Jackson.....	1		Pennington.....	12	
Madison.....	1		Walworth.....	2	
Owen.....	5		Total.....	49	
Perry.....	1				
Scott.....	2		Texas (Dec. 1-31):		
Shelby.....	3		Counties—		
Vanderburg.....	78	1	Brown.....	3	
Vigo.....	6		Collin.....	15	
Wabash.....	1		Dallas.....	23	1
Warrick.....	2		Foard.....	2	
Total.....	189	1	Grayson.....	1	
Iowa (Dec. 1-31):			Hunt.....	60	18
Counties—			Parker.....	1	
Clarke.....	1		Rockwall.....	1	
Dallas.....	7		Tarrant.....	6	
Decatur.....	3		Valverde.....	2	1
Dubuque.....	1		Wichita.....	20	
Emmet.....	1		Total.....	134	20
Hancock.....	4				
Monona.....	1		Utah (Dec. 1-31):		
Pocahontas.....	1		Counties—		
Polk.....	18		Boxelder.....	6	
Pottawattamie.....	3		Cache.....	14	
Webster.....	2		Carbon.....	5	
Total.....	42		Davis.....	15	
Missouri:			Emery.....	2	
July 1-31.....		7	Juab.....	30	
Aug. 1-31.....		1	Millard.....	54	
Sept. 1-30.....		0	Salt Lake.....	164	
Total.....		8	San Pete.....	2	
North Dakota (Dec. 1-31):			Summit.....	4	
Counties—			Tooele.....	1	
Barnes.....	4		Utah.....	25	
Burke.....	14		Wasatch.....	1	
Lamoure.....	1		Washington.....	1	
Ramsey.....	10		Wayne.....	1	
Traill.....	1		Weber.....	9	
Walsh.....	1		Total.....	334	
Total.....	21		Grand total.....	769	29

City Reports for Week Ended Jan. 11, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Baltimore, Md.....	9	.....	Manchester, N. H.....	3	.....
Cambridge, Ohio.....	1	.....	Milwaukee, Wis.....	6	.....
Chicago, Ill.....	3	.....	New York, N. Y.....	2	.....
Detroit, Mich.....	9	.....	Niagara Falls, N. Y.....	5	.....
Duluth, Minn.....	3	.....	Oakland, Cal.....	3	.....
Evansville, Ind.....	25	.....	Omaha, Nebr.....	4	.....
Harrisburg, Pa.....	1	.....	Spokane, Wash.....	4	.....
La Crosse, Wis.....	9	.....	Wilmington, N. C.....	1	.....
Los Angeles, Cal.....	1	.....	Zanesville, Ohio.....	10	.....

TYPHOID FEVER.

State Reports for December, 1912.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Indiana:		Minnesota—Continued.	
Adams County.....	2	Dodge County—	
Allen County.....	2	West Concord.....	1
Blackford County.....	2	Goodhue County—	
Brown County.....	1	Red Wing.....	1
Clark County.....	2	Hennepin County—	
Clay County.....	16	Hopkins.....	1
Clinton County.....	2	Minneapolis.....	4
Delaware County.....	1	Mower County—	
Dubois County.....	1	Austin.....	1
Elkhart County.....	1	Bennington Township.....	1
Floyd County.....	4	Lyle.....	1
Gibson County.....	4	Murray County—	
Hamilton County.....	4	Chanaramble Township.....	1
Henry County.....	2	Nicollet County—	
Huntington County.....	1	St. Peter.....	1
Jackson County.....	2	Otter Tail County—	
Jefferson County.....	3	Fergus Falls.....	4
Johnson County.....	5	Pine County—	
Lagrange County.....	1	Sandstone.....	1
Laporte County.....	1	Ramsey County—	
Lawrence County.....	3	St. Paul.....	3
Madison County.....	2	White Bear.....	1
Marion County.....	11	Red Lake County—	
Montgomery County.....	2	Garnes Township.....	1
Noble County.....	4	St. Louis County—	
Orange County.....	1	Duluth.....	5
Park County.....	6	Stearns County—	
Perry County.....	2	Farming Township.....	2
Scott County.....	1	Lake Henry Township.....	1
Shelby County.....	2	Traverse County—	
St. Joseph County.....	1	Browns Valley.....	1
Sullivan County.....	1		
Tipton County.....	2	Total.....	41
Vanderburg County.....	1		
Vigo County.....	1	New York:	
Washington County.....	2	Albany County—	
Wayne County.....	5	Albany.....	3
Wells County.....	4	Coeymans Township.....	1
White County.....	1	Cohoes.....	4
Total.....	109	Watervliet.....	3
Minnesota:		Broome County—	
Aitkin County—		Binghamton.....	5
Aitkin.....	1	Union Township.....	1
Becker County—		Cattaraugus County—	
Lake Eunice Township.....	1	Olean.....	2
Lake Park Township.....	2	Olean Township.....	3
White Earth Township.....	2	Chautauque County—	
Beltrami County—		Dunkirk.....	5
Bemidji.....	1	Jarrestown.....	2
Blue Earth County—		Chemung County—	
Mankato.....	1	Ebnira.....	1
Crow Wing County—		Chenango County—	
Brainerd.....	2	New Berlin Township.....	1
		Columbia County—	
		Chatham Township.....	1
		Hudson.....	1

TYPHOID FEVER—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
New York—Continued.		New York—Continued.	
Columbia County—Continued.		Rockland County—	
Stockport Township.....	1	Clarkstown Township.....	3
Taghkanic Township.....	4	Haverstraw Township.....	2
Delaware County—		Orangetown Township.....	2
Hancock Township.....	2	St. Lawrence County—	
Dutchess County—		Clifton Township.....	1
Fishkill Township.....	3	Gouverneur Township.....	2
Erie County—		Massena Township.....	1
Buffalo.....	17	Norfolk Township.....	1
Lackawanna.....	3	Saratoga County—	
Lancaster Township.....	1	Half Moon Township.....	1
Aurora Township.....	2	Schenectady County—	
East Hamburg Township.....	4	Schenectady.....	2
Essex County—		Schoharie County—	
Crown Point Township.....	1	Richmondville Township.....	1
Fulton County—		Summit Township.....	1
Gloversville.....	3	Seneca County—	
Herkimer County—		Tyre Township.....	1
Danube Township.....	1	Waterloo Township.....	1
Little Falls.....	3	Steuben County—	
Jefferson County—		Corning.....	1
Brownville Township.....	1	Prattsburg Township.....	1
Le Ray Township.....	1	Suffolk County—	
Watertown.....	1	Smithtown Township.....	3
Lewis County—		Tioga County—	
Watson Township.....	1	Spencer Township.....	1
Madison County—		Tompkins County—	
Eaton Township.....	1	Ithaca.....	2
Monroe County—		Ulster County—	
Rochester.....	6	Kingston.....	2
Nassau County—		Lloyd Township.....	1
North Hempstead Township..	4	Shandaken Township.....	1
Hempstead Township.....	2	Washington County—	
New York County—		Fort Ann Township.....	1
New York.....	195	Hebron Township.....	1
Niagara County—		Westchester County—	
Lockport.....	1	New Rochelle.....	1
Niagara Falls.....	2	Ossining Township.....	1
North Tonawanda.....	3	Pleasantville Township.....	1
Royalton Township.....	1	Rye Township.....	2
Oneida County—		Yonkers.....	1
Boonville Township.....	1	Wyoming County—	
Rome.....	1	Attica Township.....	1
Utica.....	1	Java Township.....	1
Onondaga County—		Middlebury Township.....	1
Skaneateles Township.....	1	Yates County—	
Syracuse.....	8	Milo Township.....	1
Ontario County—		State institutions.....	8
Canandaigua Township.....	1		
Orange County—		Total.....	379
Mount Hope Township.....	1		
Newburgh.....	2	North Dakota:	
Montgomery Township.....	1	Burleigh County.....	1
Mont Jervis.....	2	Cavalier County.....	6
Orleans County—		Grand Forks County.....	2
Murray Township.....	1	McHenry County.....	2
Oswego County—		McLean County.....	1
Constantia Township.....	2	Walsh County.....	1
Oswego.....	4		
Otsego County—		Total.....	13
Oneonta.....	1		
Rensselaer County—			
Hoosick Township.....	1		
Troy.....	3		

CEREBROSPINAL MENINGITIS.

Arizona.

The secretary of the State Board of Health of Arizona reported by telegraph January 25 that 6 cases of cerebrospinal meningitis, with 1 death, had been reported in Yavapai County during the period January 1 to 19.

Arkansas.

The secretary of the State Board of Health of Arkansas reported by telegraph January 24 that 3 new cases and 2 deaths from cerebrospinal meningitis had been notified at Grady, Lincoln County.

State Reports for December, 1912.

Place.	Number of new cases reported during month.	Place.	Number of new cases reported during month.
Indiana:		New York:	
Marion County—		Erie County—	
Indianapolis.....	1	Buffalo.....	3
Total.....	1	Orange County—	
Iowa:		Newburgh.....	1
Pottawattamie County.....	4	Westchester County—	
Total.....	4	Yonkers.....	2
Minnesota:		Total.....	6
St. Louis County—			
Eveleth.....	1		
Total.....	1		

Cases and Deaths Reported by Cities for Week Ended Jan. 11, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....	1	1	New York, N. Y.....	6	4
Bridgeport, Conn.....	1		Kansas City, Kans.....	1	
Brockton, Mass.....	1	2	Little Rock, Ark.....	3	
Camden, N. J.....	1		Los Angeles, Cal.....	3	3
Cincinnati, Ohio.....	2	2	Omaha, Nebr.....	1	
Cleveland, Ohio.....	2	1	Philadelphia, Pa.....	1	1
Dayton, Ohio.....		1	St. Louis, Mo.....	2	
Nashville, Tenn.....	4		San Francisco, Cal.....	2	
New Orleans, La.....	2	2	Woburn, Mass.....		1

POLIOMYELITIS (INFANTILE PARALYSIS).**State Reports for December, 1912.**

Place.	Number of new cases reported during month.	Place.	Number of new cases reported during month.
Indiana:		New York:	
Clay County.....	1	Chautauqua County—	
Clinton County.....	1	Dunkirk.....	2
Greene County.....	1	Livingston County—	
Hendricks County.....	1	Conesus Township.....	1
Jay County.....	1	Geneseo Township.....	2
Marion County.....	1	Niagara County—	
Marshall County.....	1	Niagara Falls.....	1
Montgomery County.....	1	Onondaga County—	
Total.....	8	Cicero Township.....	1
		Syracuse.....	1
Iowa:		Tompkins County—	
Fayette County.....	1	Danby Township.....	1
Poweshiek County.....	1	New York County—	
Total.....	2	New York.....	22
		Total.....	31
Minnesota:		North Dakota:	
Renville County—		Burke County.....	2
Wellington Township.....	1		

Cases and Deaths Reported by Cities for Week Ended Jan. 11, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Harrisburg, Pa.....	1		Omaha, Nebr.....	1	
New York, N. Y.....	3	1	Toledo, Ohio.....		1
Oakland, Cal.....	1		Worcester, Mass.....	2	

ERYSIPELAS.**Cases and Deaths Reported by Cities for Week Ended Jan. 11, 1913.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Baltimore, Md.....	1		New Castle, Pa.....	1	
Binghamton, N. Y.....	1		New York, N. Y.....	36	7
Braddock, Pa.....	1		Norristown, Pa.....	1	
Brockton, Mass.....	1		Oakland, Cal.....		1
Buffalo, N. Y.....	10		Philadelphia, Pa.....	10	2
Cincinnati, Ohio.....	6		Providence, R. I.....		1
Cleveland, Ohio.....	12		St. Louis, Mo.....	13	
Erie, Pa.....	1		San Francisco, Cal.....	2	
Harrisburg, Pa.....	4		South Bethlehem, Pa.....	1	1
Los Angeles, Cal.....	3		Wheeling, W. Va.....	1	1
Milwaukee, Wis.....	4		Wilkesburg, Pa.....	1	
Mount Vernon, N. Y.....	1		Yonkers, N. Y.....	2	

PLAGUE.

Rats Collected and Examined for Plague.

Places.	Week ended—	Found dead.	Total collected.	Examined.	Found infected.
California:					
Cities—					
Berkeley.....	Jan. 11, 1913	7	165	119	None.
Oakland.....	do.	15	600	500	None.
San Francisco.....	do.	17	1,626	1,273	None.
Washington:					
City—					
Seattle.....	do.		895	855	

California—Squirrels Collected and Examined for Plague Infection.

During the week ended January 11, 1913, there were examined for plague infection 44 ground squirrels from Contra Costa County, 26 from San Joaquin County, and 13 from Stanislaus County. No plague-infected squirrel was found.

PNEUMONIA.

Cases and Deaths Reported by Cities for Week Ended Jan. 11, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Alameda, Cal.		1	Moline, Ill.		2
Altoona, Pa.		3	Mount Vernon, N. Y.	4	
Auburn, N. Y.	2	3	Nashville, Tenn.		4
Aurora, Ill.		1	Newark, N. J.		8
Baltimore, Md.		46	New Bedford, Mass.		9
Bayonne, N. J.		3	New Castle, Pa.	4	
Binghamton, N. Y.	16	6	New Orleans, La.		11
Boston, Mass.		49	Newport, Ky.	3	3
Braddock, Pa.	4		Newton, Mass.	3	3
Brookton, Mass.		1	New York, N. Y.		150
Brookline, Mass.		3	Niagara Falls, N. Y.		1
Buffalo, N. Y.		13	Norristown, N. J.	1	4
Cambridge, Mass.		7	North Adams, Mass.	1	1
Chelsea, Mass.		4	Northampton, Mass.		2
Chicago, Ill.	72	160	Oakland, Cal.		4
Chicopee, Mass.		1	Omaha, Nebr.		8
Cincinnati, Ohio.		30	Pasadena, Cal.		4
Cleveland, Ohio.	28	33	Peoria, Ill.		10
Clinton, Mass.		1	Philadelphia, Pa.	59	95
Concord, N. H.		1	Pittsburgh, Pa.	46	56
Cumberland, Md.		1	Pittsfield, Mass.		1
Danville, Ill.		1	Portsmouth, Va.		1
Dayton, Ohio.		12	Providence, R. I.		10
Duluth, Minn.	2	2	Reading, Pa.	2	4
Dunkirk, N. Y.	1		San Diego, Cal.	1	1
Elizabeth, N. J.		2	San Francisco, Cal.	17	
Elmira, N. Y.		1	Saratoga Springs, N. Y.	1	3
El Paso, Tex.		9	Schenectady, N. Y.	3	
Erie, Pa.	2	3	South Bend, Ind.		3
Everett, Mass.		2	South Bethlehem, Pa.		7
Fall River, Mass.		7	Spokane, Wash.		6
Grand Rapids, Mich.	2	4	Springfield, Ill.		3
Harrisburg, Pa.	2	3	Springfield, Mass.	3	7
Hartford, Conn.		5	Steelton, Pa.		1
Haverhill, Mass.	2	2	Superior, Wis.		3
Jersey City, N. J.		18	Taunton, Mass.		1
Kalamazoo, Mich.	2		Toledo, Ohio.		11
La Crosse, Wis.		3	Waltham, Mass.		1
La Fayette, Ind.		1	Washington, D. C.		14
Lexington, Ky.		2	Wheeling, W. Va.		7
Logansport, Ind.		1	Wilkes-Barre, Pa.		2
Los Angeles, Cal.	5	30	Wilkinsburg, Pa.	3	2
Lowell, Mass.		7	Williamsport, Pa.		1
Manchester, N. H.	3	3	Woburn, Mass.		2
Medford, Mass.		1	Yonkers, N. Y.		10

SCARLET FEVER, MEASLES, DIPHTHERIA, AND TUBERCULOSIS.

State Reports for December, 1912.

	Scarlet fever.	Measles.	Diphtheria.
Indiana.....	408	356	706
Iowa.....	75		98
Minnesota.....	215	206	179
New York.....	1,467	3,993	1,928
North Dakota.....	26	11	13

Pittsburgh—Measles.

Surg. Stoner of the Public Health Service reported by telegraph from Pittsburgh, January 28, that 3,225 cases of measles, with 51 deaths, had been reported in that city during the period from November 1, 1912, to January 8, 1913. During the week ended January 18, 355 cases, with 4 deaths were reported.

The fatality rate of the cases from November 1, 1912, to January 8, 1913, was 1.58 per cent, and that of the cases reported during the week ended January 18, 1.13 per cent.

Cases and Deaths Reported by Cities for Week Ended Jan. 11, 1913.

Cities.	Population, United States census 1910.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.....	558,485	227	17	1	30	1	12	1	45	21
Boston, Mass.....	670,585	278	41	2	161	5	53	5	58	29
Chicago, Ill.....	2,185,283	786	256	33	425	9	380	34	361	89
Cleveland, Ohio.....	560,663	194	60	4	65	2	22	5	24	17
New York, N. Y.....	4,766,883	1,512	280	26	551	8	338	11	497	158
Philadelphia, Pa.....	1,549,008	613	73	4	321	9	129	2	109	45
Pittsburgh, Pa.....	533,905	214	36	7	438	7	37	1	21	14
St. Louis, Mo.....	687,029	268	73	7	279	1	38	3	62	18
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y.....	423,715	147	9	2	208	5	9		18	4
Cincinnati, Ohio.....	364,463	167	17	1	567	8	35	2	30	22
Detroit, Mich.....	465,766	195	34	4			44	7		
Los Angeles, Cal.....	319,198	166	10	1	3		9		22	19
Milwaukee, Wis.....	373,857	106	30	4	14	1	18		18	7
Newark, N. J.....	347,469	114	35		14		30		45	21
New Orleans, La.....	339,075	144	42	1	38		6		39	19
San Francisco, Cal.....	416,912	154	12	1	2		5		17	10
Washington, D. C.....	331,069	111	1	110	11	2				
From 200,000 to 300,000 inhabitants:										
Jersey City, N. J.....	267,779	86		2				3		6
Providence, R. I.....	224,326	82	21	1			19		4	7
From 100,000 to 200,000 inhabitants:										
Bridgeport, Conn.....	102,054	35	2				9		6	4
Cambridge, Mass.....	104,839	36	5		14				5	3
Columbus, Ohio.....	181,548	67	8	1	4		7			6
Dayton, Ohio.....	116,577	56	17	2			2		2	5
Fall River, Mass.....	119,295	47	5	1	1		10		5	4
Grand Rapids, Mich.....	112,571	34	4				2	1		
Lowell, Mass.....	106,294	32	2		10		21		3	1
Nashville, Tenn.....	110,364	30	4				5		4	2
Oakland, Cal.....	150,174	53	4	1	3		2		3	6
Omaha, Nebr.....	124,096	40	2		1		1		3	2
Spokane, Wash.....	104,402				3		1		2	2
Toledo, Ohio.....	168,497	62	2		41		9			6
Worcester, Mass.....	145,986	59	5	1	1		13		3	7

SCARLET FEVER, MEASLES, DIPHTHERIA, AND TUBERCULOSIS—Contd.

Cities.	Popula- tion, United States census 1910.	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Tuber- culosis.		
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
From 50,000 to 100,000 inhabit- ants:											
Altoona, Pa.	52,127	12	7		3		3			1	
Bayonne, N. J.	55,545	14	2		7		6		1		
Brockton, Mass.	56,878	13			1		2		2		
Camden, N. J.	94,538		12		6		9		5		
Duluth, Minn.	78,466	17					1			1	
Elizabeth, N. J.	73,409	10	2		11		5		10	1	
Erie, Pa.	66,525	27			2		4	1	1	1	
Evansville, Ind.	69,647		10				8		1		
Harrisburg, Pa.	64,186	24	1	1	4		2			4	
Hartford, Conn.	98,915	41	15		10		23		9	3	
Hoboken, N. J.	70,324		7		5				8	2	
Johnstown, Pa.	55,482	12	16		58	1	3				
Kansas City, Kans.	82,331		2		6						
Manchester, N. H.	70,063	29	4				2		1	1	
New Bedford, Mass.	96,652	33	8	1	14	2	10		9	2	
Peoria, Ill.	66,950	23	2		1		2			3	
Reading, Pa.	96,071	37	10	2	41					1	
Saginaw, Mich.	50,510	19	4		48	1	3				
Schenectady, N. Y.	72,826	9	2				2		2		
South Bend, Ind.	53,684	19	2				2			1	
Springfield, Ill.	51,678	21	3	1			3		3	3	
Springfield, Mass.	88,923	31	4	1	8		3		1	1	
Trenton, N. J.	96,815	52	5		8		5		7	4	
Wilkes-Barre, Pa.	67,105	15	5				8		5		
Yonkers, N. Y.	79,803	38	6		2		3		1	6	
From 25,000 to 50,000 inhabitants:											
Auburn, N. Y.	34,668	10	1		15		1		1	1	
Aurora, Ill.	29,807	10					1			1	
Binghamton, N. Y.	48,443	28	1	1					2	2	
Brookline, Mass.	27,792	8	3		1		2		2		
Chelsea, Mass.	32,452	15			3				1	1	
Chicopee, Mass.	25,401	9			9		3		1		
Danville, Ill.	27,871	17	1				4			2	
East Orange, N. J.	34,371		3		2		4				
Elmira, N. Y.	37,176	11	2		17		4			1	
El Paso, Tex.	39,279	32	1				2		3	9	
Everett, Mass.	33,484	12			2		2		3	3	
Fitchburg, Mass.	37,826	9			17		2		1	2	
Haverhill, Mass.	44,115	14	8		15		4		2	1	
Kalamazoo, Mich.	39,437	15			1		1		1	1	
La Crosse, Wis.	30,417	9			2						
Lexington, Ky.	35,099	6			2		1		7		
Lima, Ohio	30,508	13	2		5		5				
Little Rock, Ark.	45,941						2				
Lynchburg, Va.	29,494	13			2		1		3	2	
Mount Vernon, N. Y.	30,919				8				1		
Newcastle, Pa.	36,280		2		19				2		
Newport, Ky.	30,309	12					6		1	1	
Newton, Mass.	39,806	12			3		1		1		
Niagara Falls, N. Y.	30,445	7	1		61					1	
Norristown, Pa.	27,875	15	1		2						
Orange, N. J.	29,630	8	1				2				
Pasadena, Cal.	30,291	21	1		1					1	
Pittsfield, Mass.	32,121		5	1	1		3		3	1	
Portsmouth, Va.	33,190	14	3				2			1	
Racine, Wis.	38,002	13	2				2				
Roanoke, Va.	34,874	9			1					2	
San Diego, Cal.	39,578						1				
South Omaha, Nebr.	26,259	4							1		
Superior, Wis.	40,384	11					1			3	
Taunton, Mass.	34,259	14	1				2				
Waltham, Mass.	27,834	12	4								
West Hoboken, N. J.	35,403		4				7		3		
Wheeling, W. Va.	41,641	22	3		38		2		2		
Williamsport, Pa.	31,860	10			1					1	
Wilmington, N. C.	25,748	7								1	
York, Pa.	44,750				23				1		
Zanesville, Ohio	28,026	11	2				1				
Less than 25,000 inhabitants:											
Alameda, Cal.	23,833	8			1		1			1	
Ann Arbor, Mich.	14,817	9									
Beaver Falls, Pa.	12,191	1	1		19	1					

SCARLET FEVER, MEASLES, DIPHTHERIA, AND TUBERCULOSIS—Contd.

Cities.	Popula- tion, United States census 1910.	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Less than 25,000 inhabitants— Continued.										
Biddeford, Me.	17,079	2								
Braddock, Pa.	17,759		5		7		2			
Cambridge, Ohio.	17,327	2			2					
Clinton, Mass.	13,075	5			86					
Columbus, Ga.	20,554	7								
Concord, N. H.	21,497	10			1					1
Cumberland, Md.	21,839	15			2		1		1	3
Dunkirk, N. Y.		3								
Harrison, N. J.	14,489	3	1							
Kearny, N. J.	18,659	11	1		1				2	
La Fayette, Ind.	20,081	5	2						3	
Logansport, Ind.		9			1					1
Marlboro, Mass.	14,749	6			2					1
Massillon, Ohio.	23,830	1	1							
Medford, Mass.	23,150	7	1		9		4			
Melrose, Mass.	15,715	3			1		1		1	
Moline, Ill.	24,190		2							
Morristown, N. J.	12,507	4					1		1	
Nanticoke, Pa.	18,857	3	1				3			
Newburyport, Mass.	19,249	3							2	
North Adams, Mass.	22,019	8			1					1
Northampton, Mass.	19,431	9	1		1		2		1	
Palmer, Mass.		4								
Plainfield, N. J.	23,550	4			1		1			
Rutland, Vt.					12				1	
Saratoga Springs, N. Y.		13								1
South Bethlehem, Pa.		3	2						1	
Steelton, Pa.	14,476	5								2
Warren, Pa.	11,080	3			38	1	1			
Wilkinsburg, Pa.	18,294	9			27		2			1
Woburn, Mass.	18,594	7								

FOREIGN REPORTS.

CHINA.

Hongkong—Examination of Rats.

Surg. Brown reported that during the week ended December 9, 1912, there were examined at Hongkong for plague infection 1,952 rats. No plague-infected rat was found.

North Manchurian Plague Prevention Service.

The North Manchurian Plague Prevention Service has been established with headquarters at Harbin. A hospital specially constructed according to the recommendations of the International Plague Conference, 1911, has been established at Lahasu. Ordinary cases of illness have been treated at the above-named hospital since October 16, 1912. The isolation hospital at Fuchiatien (Harbin), also constructed according to the recommendations of the International Plague Conference, has been completed.

CUBA.

Habana—Transmissible Diseases.

JAN. 1 TO 10, 1913.

Diseases.	New cases.	Deaths.	Remain- ing under treat- ment.
Leprosy.....	1		247
Malaria.....			12
Typhoid fever.....	18	1	44
Diphtheria.....	32	2	16
Scarlet fever.....	27		26
Measles.....	16		18
Varicella.....	2		2
Tetanus in new born.....	1	1	
Paratyphoid.....	1		4

¹ One imported from Santiago and one from Yaguajay.

GREAT BRITAIN.**Liverpool—Rat Destruction.**

Consul Washington reported December 24, 1912:

During the months of October, November, and December, 1912, rats were destroyed in Liverpool city and port as follows: City stores, warehouses, sewers, etc., 864; dock quays and freight sheds, 263; inward bound vessels, 816.

The number of rats destroyed on inward bound ships necessarily fluctuates. The following figures show the number destroyed during the past three years by a rat-catching company which acts for several shipping firms: 1910, 6,840 rats; 1911, 6,556 rats; 1912, 10,750 rats.

Instructions issued by the health department from time to time regarding the constant observation of the habits of rats, their presence in unusual numbers, the discovery of a dead rat, etc., are rigorously observed.

JAPAN.**Nagasaki—Summary of Cholera.**

The total number of cases of cholera reported in the prefecture of Nagasaki, including islands off the west coast of Kyushu, from September 15, the date of the outbreak, to November 30, 1912, was 188 with 134 deaths. Of this number, 10 cases with 4 deaths occurred in Nagasaki.

JAVA.**Batavia and Tandjok Declared Free from Cholera.**

Consul Rairden at Batavia reports that the ports of Batavia and Tandjok were declared free from cholera November 23, 1912.

Cholera was reported present at the ports named September 12, 1912.

MEXICO.**Vera Cruz—Yellow Fever from 1892 to 1912.**

A statement of cases of and deaths from yellow fever reported at Vera Cruz during the period from 1892 to 1912, inclusive, has been issued by the special sanitary commission for the suppression of yellow fever and other contagious diseases. The greatest number of cases was notified for the year 1899 (1,268 with 594 deaths) and the lowest in 1909 (3 cases with 3 deaths). During the last three years covered by the statement no case of yellow fever was reported. A table of cases and deaths by months follows.

Yellow Fever Cases and Deaths Officially Reported in the City of Vera Cruz, by Months, for the Years 1892 to 1912, Inclusive.

Year.	Jan.		Feb.		Mar.		Apr.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Total.		
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
1892.....				2						20		40		71		53		28		13			9			259	
1893.....	19	5	7	1	9	6	17	8	41	17	91	32	105	29	70	8	65	9	11	11	5	5	9		449	131	
1894.....			1		1		16	8	100	39	123	55	116	44	82	38	40	14	32	5	13	3	10	3	534	209	
1895.....	8	5	7	1	2		5	2	24	12	60	23	106	40	53	36	25	17	7	3	4	3			301	142	
1896.....										2		6		3		1									12		
1897.....											3	2							1		1				5	3	
1898.....													2		20	9	37	24	59	39	43	32	27	23	188	127	
1899.....	12	10	8	5	10	7	29	11	302	155	468	193	214	96	109	57	55	32	32	15	7	4	22	9	1,208	594	
1900.....	12	3	4	4	1	1	12	14	61	22	79	36	61	2	93	44	102	50	63	34	33	17	22	10	543	261	
1901.....	8	1	5	1			3	2	1		8	4	13	6	13	7	16	5	65	19	94	31	43	27	209	103	
1902.....	14	7	7	7	18	10	35	19	109	46	98	45	60	36	103	38	74	29	50	13	56	22	55	13	678	285	
1903.....	23	12	14	9	17	5	27	8	45	17	111	36	153	50	241	91	189	58	184	57	51	26	20	61	675	375	
1904.....	4	1	3	2	2		1		5	1	11	3	9	1	25	1	8				4	2	1	1	73	12	
1905.....													5	1	21	5	10	4	12	8	5	4	1	1	54	23	
1906.....	4	3	1				1	1					1	1	1		3	2			5	4	1	1	17	12	
1907.....				1	1																				2	1	
1908.....														3	1	6	6	5	3	11	3	5	2	13	5	43	20
1909.....	1	1	1	1													1	1							3	3	
1910.....																											
1911.....																											
1912.....																											

Comparative Table of Deaths from Yellow Fever During the 10 Years Preceding and Following the Establishment of the Yellow Fever Campaign.

Year.	Deaths.	Year.	Deaths.
1894.....	209	1903.....	147
1895.....	142	1904.....	12
1896.....		1905.....	23
1897.....	3	1906.....	12
1898.....	127	1907.....	1
1899.....	594	1908.....	20
1900.....	261	1909.....	3
1901.....	103	1910.....	
1902.....	285	1911.....	
1903.....	228	1912.....	
Preceding.....	1,952	Following.....	218

MOVEMENTS OF INFECTED VESSELS.

Cholera.

BOSNIAN.—At Odessa, Russia, November 18, 1912, from London via Constantinople, 2 cases, with 1 death.

Plague.

BELLAILSA.—At Hamburg, Germany, September 2 to 5, 1912, from Rosario July 2, via Cape Verde Islands, 2 cases in crew. River Tyne, September 28, 1912, from Hamburg, 1 case in crew.

Yellow Fever.

PUEBLA.—At Laguna del Carmen, Mexico, September 14, 1912, from Vera Cruz and other Mexican ports, 1 case on board.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.**Reports Received During Week Ended Jan. 31, 1913.****CHOLERA.**

Places.	Date.	Cases.	Deaths.	Remarks.
China:				
Foochow.....	Nov. 20-Dec. 2.....			Isolated cases.
India:				
Bombay.....	Dec. 15-28.....	55	43	
Calcutta.....	Dec. 8-14.....		43	
Madras.....	Dec. 15-28.....		4	
Japan:				
Hiardo Islands.....	Sept. 15-Dec. 1.....	30		
Minami Tokaki gun.....	do.....	40		
Nagasaki city.....	do.....	10	4	Nagasaki ken and outlying islands Sept. 15-Dec. 2: Cases 188, deaths 134, including previous reports.
Sasebo.....	Sept. 15-Dec. 2.....	7		
Tokushima ken.....	Sept. 15-Dec. 1.....	65		Not previously reported.
Straits Settlements:				
Singapore.....	Dec. 1-7.....	3	2	
Turkey in Europe:				
Constantinople.....	Dec. 31-Jan. 6.....	117	62	Total Nov. 5-Jan. 6: Cases 2,459, deaths 1,208.
Zanzibar.....	Dec. 8-15.....	2	2	Dec. 2-28 in Chwaka district, 54 cases not previously reported.

PLAGUE.

Brazil:				
Rio de Janeiro.....	Dec. 8-Jan. 2.....	2	1	
India:				
Bombay.....	Dec. 15-28.....	9	8	
Calcutta.....	Dec. 1-7.....		4	
Do.....	Dec. 8-14.....		8	
Mauritius.....	Oct. 25-Nov. 7.....	52	35	
Russia:				
Transbaikal district— Verneudinsk.....	Oct. 18-28.....	3	3	Near Nerchinsk.

SMALLPOX.

Abyssinia:				
Adis Ababa.....	Dec. 15-21.....			Present.
Brazil:				
Rio de Janeiro.....	Dec. 8-Jan. 2.....	6	3	
Canada:				
Montreal.....	Jan. 12-18.....	15		
Ottawa.....	Jan. 5-18.....	12		
Quebec.....	Jan. 12-18.....	15		
St. Johns.....	do.....	4		
China:				
Shanghai.....	Dec. 14-22.....		10	
Egypt:				
Alexandria.....	Dec. 24-31.....	1		
Cairo.....	Dec. 9-16.....	5		
France:				
Paris.....	Dec. 22-Jan. 4.....	4		
Germany:				
India:				
Bombay.....	Dec. 22-28.....	2	1	
Madras.....	do.....		1	
Calcutta.....	Dec. 7-14.....		10	
Portugal:				
Lisbon.....	Dec. 22-28.....	6		
Russia:				
Libau.....	Dec. 16-Jan. 4.....	2		
Moscow.....	Dec. 8-14.....	1	1	
Servia:				
Belgrade.....	Dec. 22-28.....	2		
Siberia:				
Vladivostok.....	do.....	1	1	
Spain:				
Almeria.....	Dec. 1-31.....		40	
Madrid.....	do.....		25	
Seville.....	do.....		27	
Valencia.....	Dec. 22-Jan. 4.....	13		
Sweden:				
Stockholm.....	Oct. 8-21.....	3		
Switzerland:				
Cantons—				
Aargau.....	Dec. 15-21.....	1		
Grisons.....	Dec. 1-28.....	9		

Total, Dec 15-Jan. 11: Cases, 7.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from Dec. 27, 1912, to Jan. 24, 1913.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Bulgaria:				
Eski Saghra.....	Dec. 9.....	2	.....
Sofia.....	Nov. 21-Dec. 16...	6	1	
Dutch East Indies:				
Borneo—				
Pontrank.....	Oct. 6.....	1	.....
Samarinda.....	Oct. 9.....	1	.....
Java—				
Batavia.....	Nov. 9-23.....	32	21	One case among Europeans.
Madioen.....	Sept. 15-Oct. 5.....	35	30	
Megalang.....	Oct. 7-12.....	9	6	
Paseroean Residency..	Sept. 20-26.....	2	1	
Samarang.....	July 19-Oct. 17.....	436	352	
Sumatra—Jambi.....	Sept. 18-24.....	1	.....
India:				
Bombay.....	Nov. 17-Dec. 14...	62	38	
Calcutta.....	Nov. 9-Oct. 7.....	.....	129	
Cochin.....	Oct. 19-Nov. 9.....	6	6	
Madras.....	Nov. 24-Dec. 14...	20	18	
Negapatam.....	Nov. 11-16.....	9	9	
Rangoon.....	Nov. 1-30.....	2	2	
Indo-China: Saigon.....	Aug. 20-Oct. 27...	42	38	
Japan.....				Total July 10-Dec. 20: Cases, 2,715.
Aita Ken.....	Dec. 2.....	1	.....
Chiba Ken.....	Nov. 23-Dec. 17...	25	.....
Fukushima Ken.....	Dec. 5.....	1	.....
Hioga Ken.....	Nov. 27-Dec. 19...	22	.....
Hiroshima Ken.....	Nov. 23.....	1	.....
Ibaraki Ken.....	Dec. 6.....	2	.....
Iwate Ken.....	Dec. 16.....	1	.....
Kanagawa Ken.....	.....	.....	.....	Total Nov. 23-Dec. 20: Cases, 53.
Yokohama.....	Nov. 24-Dec. 8.....	18	.....	Sept. 25-Dec. 7: 9 cases from vessels.
Kochi Ken.....	Nov. 28-Dec. 4.....	3	.....
Nagasaki Ken.....	Nov. 23-Dec. 1.....	7	.....
Osaka Fu.....	Nov. 23-Dec. 3.....	14	.....
Saga Ken.....	do.....	5	.....
Shidzuoka Ken.....	Dec. 3-20.....	8	.....
Taiwan (Formosa).....	.....	.....	.....	Total Nov. 3-23: Cases, 48; deaths, 42.
Tokyo Fu.....	Nov. 23-Dec. 20...	101	.....
Tokyo.....	.....	.....	.....	Oct. 2-Dec. 7: Cases, 273; and in vicinity, 342.
Wakamatsu Ken.....	Nov. 26.....	1	.....
Russia: Odessa.....	.....	.....	.....	Nov. 18-20: 1 case from s. s. Bosnian from Constantinople. Confined in the quarantine barracks.
Siam:				
Bangkok.....	Oct. 13-Dec. 7.....	.....	4	
Straits Settlements—Singapore.	Nov. 17-23.....	2	2	
Turkey in Asia.....				Total, Nov. 17-23: Cases, 160; deaths, 218.
Adana—Adana.....	Nov. 17-23.....	2	1	
Aleppo—Alexandretta.....	do.....	2	1	
Angora.....	do.....	24	24	
Brusa.....	do.....	6	16	
Castomoni.....	do.....	2	.....
Diarbekir.....	do.....	8	2	
Hedjaz—				
Jedda.....	Nov. 25-Dec. 14...	395	393	Among returning pilgrims.
Mekka.....	Nov. 17-23.....	111	172	
Ismidt.....	do.....	3	1	
Mosul.....	do.....	.....	1	
Smyrna.....	do.....	2	.....
Turkey in Europe:				
Constantinople.....	Dec. 3-30.....	1,425	688	Total, Nov. 5-Dec. 30: Cases, 2,342; deaths, 1,146.
Zanzibar.....	Nov. 8-Dec. 7.....	113	112	From Mwera, Chwaka, and Moko-toni. Chwaka district, Oct. 4-Dec. 7, 275 cases not included in previous reports.
At sea.....				Nov. 18-20, 1 fatal case on s. s. Bosnian, en route from Constantinople to Odessa.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received from Dec. 27, 1912, to Jan. 24, 1913—Continued.****YELLOW FEVER.**

Places.	Date.	Cases.	Deaths.	Remarks.
Ecuador:				
Bucay	Nov. 15-30	1	1	
Duran	Nov. 1-30	2	1	
Guayaquil	do.	12	6	
Milagro	do.	2	2	
Naranjito	do.	1		
Senegal:				
Dakar	Dec. 7.			Present.
Venezuela:				
Caracas	Nov. 1-30	7	1	In September 2 deaths and in October 1 death not previously reported. In December no case and no death.

PLAGUE.

Brazil:				
Pernambuco	Nov. 16-30		2	
Rio de Janeiro	Nov. 3-30	7	3	
British East Africa:				
Kiambu	Nov. 16-Oct. 21	2		
Kisumu	do.	6		
Mombasa	Oct. 1-31	12	12	Free Nov. 18.
Nairobi	Nov. 16-Dec. 8	2	1	
Chile: Taltal	Oct. 22-28	3		
China:				
Amoy	Jan. 16			Present.
Manchuria	Dec. 14			Present along the railway, between Harbin and Chang-Chun.
Shanghai	Nov. 18-Dec. 15		2	Dec. 18, present in vicinity of the French settlement.
Dutch East Indies:				
Java—				
Kediri	Oct. 6-26	75	73	
Madison	do.	16		
Paseroean Residency	do.	132	129	
Surabaya	do.	3	3	
Ecuador:				
Duran	Nov. 1-30	3	1	
Guayaquil	do.	138	52	
Egypt				Total Nov. 23-Dec. 25: Cases, 22; deaths, 7. Jan. 1-Dec. 25: Cases, 875; deaths, 433.
Behera	Nov. 22-Dec. 19	2	1	
Charkieh	Nov. 29-Dec. 12	3	2	
Garbieh	Nov. 23-Dec. 17	3		
Girgeh	Dec. 21-25	1		
Menouf	Oct. 1-Dec. 21	7		
Minieh	Nov. 28-Dec. 26	6	3	
India:				
Bombay	Nov. 17-Dec. 14	22	20	
Calcutta	Nov. 9-Dec. 7		21	
Karachi	Nov. 19-23	2	2	
Rangoon	Oct. 1-Nov. 30	68	68	
Provinces				Total Oct. 27-Nov. 30: Cases, 12,333; deaths, 9,908.
Delhi	Oct. 27-Nov. 30	31	14	
Bombay	do.	4,475	3,356	
Madras	do.	733	520	
Bengal	do.	30	30	
Bihar and Orissa	do.	473	367	
United Provinces	do.	2,270	1,857	
Punjab	do.	495	371	
Burma	do.	34	34	
Central Provinces	do.	242	193	
Mysore	do.	975	701	
Hyderabad	do.	613	523	
Central India	do.	57	47	
Rajputana	do.	1,905	1,895	
Indo-China: Saigon	Aug. 20-Oct. 27	55	35	
Mauritius	Oct. 11-24	44	25	
Morocco: Rabat	Nov. 1	3		
New Caledonia: Numea	Oct. 29	2		Among the military. Sept. 17-Oct. 17, 8 cases, with 5 deaths.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received from Dec. 27, 1912, to Jan. 24, 1913—Continued.****PLAGUE—Continued.**

Places.	Date.	Cases.	Deaths.	Remarks.
Peru:				
Departments—				
Arequipa—				
Mollendo.....	Nov. 17-Dec. 7....	7	4	
Callao—				
Callao.....	Sept. 1-7.....			Present.
Lambayeque.....	do.....			Do.
Philippine Islands:				
Manila.....	Nov. 10-16.....	5	4	
Russia:				
Trans-Caspian Ty. Merv...	Dec. 9-21.....	29	29	Pneumonic.

SMALLPOX.

Abyssinia: Adis Ababa.....	Nov. 24-30.....			Present.
Algeria:				
Departments—				
Algeirs.....	Oct. 1-31.....	11		
Constantine.....	do.....	11		
Oran.....	do.....	118		
Austria-Hungary:				
Galicia.....	Nov. 10-Dec. 7....	3		
Trieste.....	Dec. 8-21.....	4		
Brazil:				
Para.....	do.....	2		
Pernambuco.....	Nov. 1-30.....		65	
Rio de Janeiro.....	Nov. 3-Dec. 7....	11	2	
British East Africa: Mombasa...	Dec. 1-21.....	5		
Canada:				
Ontario—				
Ottawa.....	Jan. 4.....	1		
Toronto.....	Dec. 1-21.....	5		
Quebec—				
Montreal.....	Dec. 15-Jan. 11...	15		
Quebec.....	do.....	5		
Chile: Punta Arenas.....	Oct. 31.....	2		Imported, and 1 case in vicinity.
China:				
Amoy.....	Jan. 16.....			Present.
Chungking.....	Nov. 3-16.....			Do.
Hongkong.....	Nov. 24-Dec. 14...	4	2	
Nanking.....	Dec. 7.....			Do.
Shanghai.....	Nov. 18-Dec. 15...	13	41	Deaths among natives.
Tientsin.....	Nov. 17-Dec. 14...		2	
Dutch East Indies:				
Java—				
Batavia.....	Nov. 9-Dec. 7....	14	1	
Egypt:				
Alexandria.....	Dec. 9-16.....	1		
Cairo.....	Nov. 12-Dec. 9....	2	1	
Port Said.....	Dec. 3-9.....	1		
France:				
Marseille.....	Nov. 1-30.....		1	
Paris.....	Dec. 1-21.....	3		
Germany:				
				Total: Nov. 24-30, 5 cases not included in report, page 2231, vol. xxvii; Dec. 1-14, 8 cases.
Gibraltar.....	Dec. 9-15.....	1		
Great Britain: Liverpool.....	Jan. 1-4.....	1		
India:				
Bombay.....	Nov. 17-Dec. 14...	9	3	
Calcutta.....	Dec. 1-7.....	1		
Karachi.....	do.....	1		
Madras.....	Dec. 1-14.....	4	2	
Rangoon.....	Oct. 1-Nov. 30...	11	3	
Indo-China: Saigon.....	Aug. 20-Oct. 20...	2	2	
Italy: Palermo.....	Dec. 15-21.....	2		
Japan:				
				Total Jan. 1-Oct. 31: Cases 13, with 1 death.
Mexico:				
Aguascalientes.....	Dec. 9-Jan. 12...		4	
Chihuahua.....	Dec. 9-Jan. 5.....		2	
Durango.....	Dec. 1-31.....		15	
Mazatlan.....	Jan. 1-7.....	2		
Mexico.....	Nov. 17-Dec. 7....	26	12	
Salina Cruz.....	Nov. 17-23.....	1		
San Luis Potosi.....	Sept. 15-21.....	1		

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received from Dec. 27, 1912, to Jan. 24, 1913—Continued.****SMALLPOX—Continued.**

Places.	Date.	Cases	Deaths.	Remarks.
Netherlands: Rotterdam.....	Dec. 22-28.....		1	
Peru:				
Callao.....	Sept. 1-14.....			Present.
Lima.....	do.....			Do.
Mollendo.....	Nov. 24-Dec. 7.....	5	1	
Salaverry.....	Dec. 4-11.....	1		
Portugal: Lisbon.....	Dec. 1-21.....	15		
Roumania.....				Total Oct. 1-31: Cases 6.
Russia:				
Odessa.....	Nov. 17-Dec. 14...	3		
St. Petersburg.....	Nov. 24-Dec. 21...	86	5	
Warsaw.....	Sept. 22-Oct. 5.....	5		
Siam: Bangkok.....	Nov. 10-Dec. 7.....		3	
Siberia: Vladivostok.....	Oct. 28-Nov. 28...	3	2	
Spain:				
Barcelona.....	Dec. 1-28.....		64	
Cadiz.....	Nov. 1-30.....		4	
Madrid.....	do.....		9	
Valencia.....	Nov. 14-Dec. 21...	15		
Straits Settlements: Singapore..	Nov. 24-30.....	1	1	
Switzerland: Basel.....	Nov. 14-Dec. 21...	8		
Turkey in Asia: Beirut.....	Dec. 8-14.....	1	2	
Turkey in Europe: Constantinople.	Dec. 1-28.....		43	
Zanzibar.....	Nov. 8-14.....		1	

SANITARY LEGISLATION.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

VIRGINIA.

Births and Deaths—Registration of. (Act approved Mar. 12, 1912.)

1. *Be it enacted by the General Assembly of Virginia*, That the State board of health shall have charge of the registration of births and deaths, shall prepare the necessary instructions, forms, and blanks for obtaining and preserving such records, and shall insure the faithful registration of the same in each local registration district as constituted in section 3 of this act, and in the central bureau of vital statistics at the capital of the State. The said board shall be charged with the uniform and thorough enforcement of the law throughout the State, and shall from time to time promulgate any additional forms and amendments that may be necessary for this purpose.

2. That the health commissioner shall be State registrar of vital statistics, and shall have general supervisions over the central bureau of vital statistics, which is hereby authorized to be established by said board. The State board of health shall provide suitable apartments for the bureau of vital statistics in the State capitol at Richmond, which shall be properly equipped with fireproof vault and filing cases for the permanent and safe preservation of all records made and returned under this act.

3. That for the purposes of this act the State shall be divided into registration districts, as follows: Every city, town, and magisterial district shall constitute a registration district: *Provided*, That the State registrar may combine two or more registration districts into one registration district.

4. That in cities and towns the principal executive officer of the local board of health shall be the local registrar of vital statistics, and that in each magisterial district each justice of the peace shall be a local registrar of vital statistics for that portion of the district which the State registrar shall designate. Any local registrar who fails or neglects to discharge efficiently the duties of his office as laid down in this act, or who fails to make prompt and complete returns of births and deaths, as required thereby, shall be forthwith removed from his office of registrar by the State board of health, and his successor appointed, in addition to any other penalties that may be imposed under other sections of this act for failure or neglect to perform his duty.

Each local registrar shall, immediately upon his acceptance of appointment as such, appoint a deputy, whose duty it shall be to act in his stead in case of absence, illness, or disability, who shall in writing accept such appointment, and who shall be subject to all rules and regulations governing local registrars. And when it may appear necessary for the convenience of the people in any magisterial district, the local registrar shall, upon the request of the State registrar, appoint one or more suitable persons to act as subregistrar, who shall be authorized to receive certificates and to issue burial or removal permits in and for such portions of the district as may be designated; and each subregistrar shall note, over his signature, the date on which each certifi-

cate was filed, and shall forward all certificates to the local registrar of the district within ten days, and in all cases before the third day of the following month: *Provided*, That all subregistrars shall be subject to the supervision and control of the State registrar, and may be by him removed for neglect or failure to perform their duties in accordance with the provisions of this act or the rules and regulations of the State registrar, and they shall be liable to the same penalties for neglect of duties as the local registrar.

5. That the body of any person whose death occurs in the State shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of, or removed from or into any registration district or be held pending further disposition more than seventy-two hours after death, until a permit for burial, removal, or other disposition thereof shall have been properly issued by the local registrar (or his deputy) of the registration district in which the death occurred.

Provided, that in sparsely settled districts, or when it is impracticable to file a death certificate and obtain a burial or removal permit, a body may be buried or removed from such district without a permit, but a certificate of death shall be filed with the registrar within ten days, such sparsely settled districts to be designated by the secretary of the county board of health.

No such burial or removal permit shall be issued by any registrar until a complete and satisfactory certificate of death has been filed with him as hereinafter provided, except as above set forth; that when a dead body is brought into the State for burial, the transit permit which accompanies such body shall be filed with the local registrar of the district where burial or other disposition of which body takes place; and the registrar shall note date and place of burial on such permit, and forward same to the State registrar. No fee shall be required for the issue of burial or removal permits in this State. In incorporated cities certificates of death shall be obtained and burial or removal permits issued according to the ordinances of such city.

6. That stillborn children and those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar, in the usual form and manner, the certificate of birth to contain, in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and, if born prematurely, the period of uterine gestation, in months, if known; and a burial or removal permit in the usual form shall be required. Midwives shall not sign certificates of death for stillborn children; but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance, as provided for in section eight of this act.

7. That the certificate of death shall be of the United States standard form as approved by the Bureau of Census, and shall contain the following items:

(1) Place of death, including State, county, township, city, the ward, street and house number. If in a hospital or other institution, the name of the same to be given instead of the street and house number. If in an industrial camp, the name of the camp to be given.

(2) Full name of decedent. If an unnamed child, the surname preceded by "unnamed."

(3) Sex.

(4) Color or race, as white, black (negro or negro descent), Italian, Chinese, Japanese, or other.

(5) Conjugal condition, as single, married, widowed, or divorced.

(6) Date of birth, including the year, month, and day.

(7) Age, in years, months, and days. If less than one day, the hours and minutes.

(8) Occupations to be reported of any person who had any remunerative employment: Women as well as men, stating (a) trade, profession, or particular kind of work; (b) general nature of industry, business, or establishment in which employed (or employer).

(9) Birthplace; State or foreign country.

(10) Name of father.

(11) Birthplace of father; State or foreign country.

(12) Maiden name of mother.

(13) Birthplace of mother; State or foreign country.

(14) Name and address of informant.

(15) Official signature of registrar, with the date when certificate was filed, and registered number.

(16) Date of death, year, month, and day.

(17) Statement of medical attendance on decedent, fact and time of death, time last seen alive, and the cause of death, with contributory cause (secondary) or complication, if any, and duration of each, and if attributed to dangerous or insanitary conditions of employment; signature and address of physician or official making the medical certificate.

(18) Length of residence (for hospitals, institutions, transients, or recent residents) at place of death or in the State.

(19) Place of burial or removal; date of burial.

(20) Signature and address of undertaker.

The personal and statistical particulars (items 1 to 13) shall give the name and address of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive, and the hour of the day at which death occurred. And he shall further state cause of death, so as to show the course of the disease or sequence of causes resulting in the death, giving first the name of the disease causing death (primary cause), and the contributory (secondary) cause, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing such terms as defined by the State registrar shall be returned to the physician for correction and more definite statement. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, the means of injury shall be stated, and whether (probably) accidental, suicidal, homicidal. And in deaths in hospitals, institutions, or of nonresidents, the physician shall furnish the information required under this head (item 18), and may state where, in his opinion, the disease was contracted.

8. That in case of death occurring without medical attendance, it shall be the duty of the undertaker or other person acting as such to notify the local registrar of such death, and when so notified the registrar shall inform the nearest member of the county board of health and refer the case to him for immediate investigation and certification, prior to issuing the permit: *Provided*, That if such member of the county board of health does not within twenty-four hours certify such death, and in such cases only, the registrar is authorized to make the certificate and return from the statement of relatives or other persons having adequate knowledge of the facts: *Provided further*, That if the death is caused by unlawful or suspicious means, the registrar shall then refer the case to the coroner for his investigation and certification. And any coroner whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for burial permits, shall state in his certificate the name of the disease causing death, or, if from external causes, (1) the means of death;

(2) whether (probably) accidental, suicidal, or homicidal; and shall in either case furnish such information as may be required by the State registrar in order properly to classify the death.

9. The undertaker, or person acting as undertaker, shall be responsible for obtaining and filing the certificate of death with the local registrar of the district in which the death occurs, and for securing a burial or removal permit, prior to any disposition of the body, except as otherwise provided in this act. He shall obtain the personal and statistical particulars required from the person best qualified to supply them, giving the name and address of his informant. He shall then present the certificate to the attendant physician, if any, or to the health officer or coroner, as directed by the local registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as specified in sections seven and eight. And he shall then state the facts required relative to the date and place of burial, over his signature and with his address, and present the completed certificate to the local registrar in order to obtain a permit for burial, removal, or other disposition of the body.

The undertaker shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring or otherwise disposing of the body; or he shall dispose of the transit permit as provided by law for the transportation of corpses in this State when shipped by a transportation company; said permit to accompany the corpse to its desired destination, and if the burial shall take place within the State of Virginia, the removal permit shall be delivered to the sexton or other person in charge of the place of burial.

10. That if the interment or other disposition of the body is to be made within the State, the wording of the burial permit may be limited to a statement by the registrar, and over his signature, that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or otherwise dispose of the deceased, stating the name, age, sex, cause of death, and other necessary details, upon the form prescribed by the State registrar.

11. And each sexton or person in charge of any burial ground shall indorse upon the permit the date of interment, over his signature, and shall return all permits so indorsed to the local registrar of his district within ten days from the date of interment, or within the time fixed by the local board of health. Every sexton of a public cemetery shall keep a record of all interments made in the premises under his charge, stating the name of the deceased person, place of death, date of burial, and name and address of the undertaker or person acting as such.

12. That all births that occur in the State shall be immediately registered in the districts in which they occur, as hereinafter provided.

13. That it shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act, with the local registrar of the district in which the birth occurs, within ten days after date of birth.

And if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, householder, or owner of the premises, manager or superintendent of public or private institution in which the birth occurred, to notify the local registrar, within ten days after birth, of the fact that the birth had occurred. It shall then be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth; provided, that in cities the certificate of birth shall be filed at a less interval than ten days after birth, if so required by the municipal ordinance (or regulations) now in force, or that may hereafter be enacted.

14. That the certificate of birth shall contain the following items:

(1) Place of birth, including State, county, magisterial district, town, or city. If in a city, the ward, street, and house number; if in a hospital or other institution, the name of the same to be given, instead of street and house number.

(2) Full name of child. If the child dies without a name, before the certificate is filed, enter the words "died unnamed." If the living child has not yet been named at the date of filing certificate of birth, the space for "full name of child" is to be left blank, to be filled out subsequently by supplemental report, as hereinafter provided.

(3) Sex of child.

(4) Whether a twin, triplet, or other plural birth. A separate certificate shall be required for each child in case of plural birth, giving number of child, in order of birth.

(5) Whether legitimate or illegitimate.

(6) Full name of father, except for illegitimate children.

(7) Residence of father.

(8) Color or race of father.

(9) Birthplace of father; State or foreign country.

(10) Age of father at last birthday, in years.

(11) Occupation of father.

(12) Maiden name of mother.

(13) Residence of mother.

(14) Color or race of mother.

(15) Birthplace of mother; State or foreign country.

(16) Age of mother at last birthday, in years.

(17) Occupation of mother.

(18) Number of child of this mother, and number of children of this mother now living.

(19) Born at full term?

(20) The certificate of attending physician or midwife as to attendance at birth, including statement of year, month, day, and hour of birth, and whether the child was alive or dead at birth. This certificate shall be signed by the attending physician or midwife, with date of signature and address; if there is no physician or midwife in attendance, then the father or mother of the child, household or owner of the premises, or manager or superintendent of public or private institution, or other competent person, whose duty it shall be to notify the local registrar of such birth, as required by section thirteen of this act.

(21) Exact date of filing in office of local registrar, attested by his official signature, and registered number of birth, as hereinafter provided.

All certificates, either of birth or death, shall be written legibly, in unfading black ink, and no certificate shall be held to be complete and correct that does not supply all the items of information called for herein, or satisfactorily account for their omission.

15. That when any certificate of birth of a living child is presented without the statement of the given name, then the local registrar shall make out and deliver to the parents of the child a special blank for the supplemental report of the given name of the child, which shall be filled out as directed, and returned to the local registrar as soon as the child shall have been named.

16. That all superintendents or managers, or other persons in charge of hospitals, almshouses, lying-in or other institutions, public or private, to which persons resort for treatment of disease, confinement, or are committed by process of law, are hereby required to make a record of all of the personal and statistical particulars relative to the inmates in their institutions at the date of the approval of this act, that are required in the forms of the certificate provided for by this act, as directed by the State registrar; and hereafter such records shall be, by them, made for all future inmates at the time of their admission. And in case of persons admitted or committed for medical treatment of disease, the physician in charge shall specify for entry in the record the nature of the disease, and where, in his opinion, it was contracted. The personal particulars and information required by this section shall be obtained from

the individual himself, if it is practicable to do so; and when they can not be obtained, they shall be secured in as complete a manner as possible from relatives, friends, or other persons acquainted with the facts.

17. That the State registrar shall prepare, print, and supply to all registrars all blanks and forms used in registering, recording, and preserving the returns, or in otherwise carrying out the purpose of this act; and shall prepare and issue such detail instructions as may be required to secure the uniform observance of its provisions and the maintenance of a perfect system of registration. And no other blanks shall be used than those supplied by the State registrar.

He shall carefully examine these certificates received monthly from the local registrars, and if any such are incomplete or unsatisfactory he shall require such further information to be furnished as may be necessary to make the record complete and satisfactory. And all physicians, midwives, informants, or undertakers, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State registrar, in person, by mail, or through the local registrar.

He shall further arrange, bind, and permanently preserve the certificates in a systematic manner, and shall prepare and maintain a comprehensive and continuous card index of all births and deaths registered; the cards to show the name of child or deceased, place and date of birth or death, number of certificate, and the volume in which it is contained. He shall inform all registrars what diseases are to be considered as infectious, contagious, or communicable or dangerous to the public health, as decided by the State board of health, in order that when death occurs from such diseases proper precautions may be taken to prevent the spreading of dangerous diseases.

18. That it shall be the duty of the local registrars to supply blank forms of certificates to such persons as require them. Each local registrar shall carefully examine each certificate of birth or death when presented for record, to see that it has been made out in accordance with the provisions of this act, and the instructions of the State registrar, and if any certificate of death is incomplete or unsatisfactory, it shall be his duty to call attention to the defects in the return, and to withhold issuing the burial or removal permit until they are corrected or satisfactorily explained. If the certificate of death is executed as herein provided, he shall then issue a burial or removal permit; provided, that in case the death occurred from some disease that is held by the State board of health to be infectious, contagious, or communicable and dangerous to the public health, no permit for the removal or other disposition of the body shall be granted by the registrar, except under such conditions as may be prescribed by law. If a certificate of birth is incomplete, he shall immediately notify the informant, and require him to supply the missing items if they can be obtained.

He shall then number consecutively the certificates of birth and death, in two separate series, giving dates of each birth and death, beginning with the number one for the first birth and the first death in each calendar year, and sign his name as registrar in attest of the date of filing in his office.

He shall also make a complete and accurate copy of each birth and death certificate registered by him in a record book, supplied by the State registrar, and the local registrar of every district located in any county shall, within fifteen days after the end of each calendar year, transmit such record book to the county clerk's office of his county and shall take a receipt from the clerk thereof, which receipt shall be transmitted to the State registrar. Said record book shall be preserved by the clerk as a permanent record.

And the local registrar shall, on the tenth day of each month, transmit to the State registrar all original certificates, registered by him, during the preceding month. And if no births or deaths occur in any month, he shall, on the tenth day of the following month, report that fact to the State registrar on a card provided for this purpose.

19. That each local registrar shall be paid the sum of twenty-five cents for each birth certificate and each death certificate properly made out and registered with him, correctly recorded and promptly returned by him to the State registrar, as required by this act, and in case no births or deaths were registered during any month the local registrar shall be entitled to be paid the sum of twenty-five cents for a report to that effect, but only if properly made in accordance with this act.

All amounts payable to a registrar under the provisions of this section shall be paid by the treasurer of the city, town, or county in which the registration district is located, upon certification by the State registrar. And the State registrar shall annually certify to the treasurers of the several cities, towns, and counties the number of births and deaths properly registered, with the names of the local registrars and the amounts due each at the rate fixed herein; *Provided*, That the council of any city may by ordinance, in lieu of fees, provide for the compensation of the local registrar for such city by salary; *Provided further*, That the State registrar shall make no certification of fees due until a receipt from the county clerk for the record books of the year shall have been received by him from the local registrar; *And provided further*, That the fees or salaries now paid the principal executive officer of the local board of health of any city or town, who shall become the local registrar of such city or town under the provisions of this act, shall be in lieu of all compensation or fees as herein provided.

20. That the State registrar shall, upon request, furnish any applicant a certified copy of the record of any birth or death registered under provisions of this act, for the making and certification of which he shall be entitled to a fee of fifty cents to be paid by the applicant, and any such copy of the record of a birth or death, when properly certified by the State registrar to be a true copy thereof, shall be prima facie evidence in all courts and places of the facts therein stated. For any search of the files and records when no certified copy is made, the State registrar shall be entitled to a fee of fifty cents for each hour or fractional part of an hour of time of search, to be paid by the applicant. And the State registrar shall keep a true and correct account of all fees by him received under these provisions and turn same over to the State treasurer.

21. That any physician who was in medical attendance upon any deceased person at the time of death who shall wilfully neglect or refuse to make out and deliver to the undertaker, sexton, or other person in charge of the interment, removal, or other disposition of the body, upon request, the medical certificate of the cause of death, hereinbefore provided for, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars. And if any physician shall knowingly make a false certification of the cause of death, in any case, he shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than fifty dollars nor more than two hundred dollars.

Any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in section thirteen of this act, who shall wilfully neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than one dollar nor more than ten dollars.

And any undertaker, sexton or other person acting as undertaker, who shall inter, remove or otherwise dispose of the body of a deceased person, without having received a burial or removal permit as herein provided, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than one dollar nor more than ten dollars.

And any registrar, deputy registrar or subregistrar who shall wilfully neglect or fail to enforce the provisions of this act in his district, or who shall wilfully neglect or refuse to perform any of the duties imposed upon him by this act, or by the in-

structions and directions of the State registrar, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than one dollar nor more than ten dollars.

And any person who shall wilfully alter any certificate of birth or death, or the copy of any certificate of birth or death, on file in the office of the local or State registrar, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than one hundred dollars, or be imprisoned in the county jail not exceeding sixty days, or suffer both fine and imprisonment, in the discretion of the court.

And any other person or persons who shall wilfully violate any of the provisions of this act, or who shall wilfully neglect or refuse to perform any duties imposed upon them by the provisions of this act, or shall furnish false information to a physician, undertaker, midwife, or informant, for the purpose of making incorrect certification of births or deaths, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than one hundred dollars.

22. That each local registrar is hereby charged with the strict and thorough enforcement of the provisions of this act in his registration district, under the supervision and direction of the State registrar. And he shall make an immediate report to the State registrar of any violation of this law coming to his notice, by observation or upon complaint of any person, or otherwise.

The State registrar is hereby charged with the thorough and efficient execution of the provisions of this act in every part of the State, and with supervisory power over local registrars, to the end that all its requirements shall be uniformly complied with. He shall have authority to investigate cases of irregularity or violation of law personally, or by an accredited representative, and all registrars shall aid him, upon request, in such investigations. When he shall deem it necessary, he shall report cases of violation of any of the provisions of this act to the Commonwealth's attorney of the county, with a statement of the acts and circumstances; and when any such case is reported to him by the State registrar, the Commonwealth's attorney shall forthwith initiate and promptly follow up the necessary court proceedings against the person responsible for the alleged violation of law.

23. The State superintendent of public printing shall supply the State board of health with all blanks and forms necessary for the execution of this act.

24. That for carrying out the provisions of this act and to provide the necessary clerical assistance, postage, and other expenses, there shall be expended out of the general fund appropriated to the State board of health so much thereof as said board of health may deem necessary, not exceeding the sum of five thousand dollars.

MUNICIPAL ORDINANCES, RULES, AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

BELLEVUE, OHIO.

Meat—Slaughtering, handling, and sale. (Regulation Board of Health adopted Mar. 21, 1912.)

SECTION 1 (*Diseases, etc.*).—No one shall kill and offer for food animals affected with the following named diseases:

(1) Anomalies of the blood (anæmia, leucæmia, hæmoglobinaemia, icterus, uræmia). (2) Poisoning from any mineral, drug, or vegetable. (3) Parturient paresis (milk fever). (4) Animal parasitism, the parasite known to be directly or indirectly transmissible to man. (5) Putrid intoxication (sapræmia). (6) Pyæmia. (7) Septicæmia. (8) Malignant œdema. (9) Anthrax. (10) Foot and mouth disease. (11) Cow-pox, sheep-pox when animals show fever. (12) Rabies. (13) Glanders. (14) Tuberculosis. (15) Actinomycosis. (16) Contagious pleura-pneumonia. (17) Hemorrhagic septicæmia. (18) Black leg. (19) Diphtheritis. (20) Dysentery. (21) Hog cholera. (22) Swine plague. (23) Chicken cholera. (24) Mycotic gastro-enteritis. (25) Texas fever. (26) Tetanus. (27) Malignant epizootic head catarrh. (28) Malignant tumors. (29) Puerperal fever. (30) Emaciation. (31) Advanced pregnancy. (32) Recent parturition (at least 15 days must have elapsed). (33) Overheated, feverish animals. (34) Exhausted, fatigued animals (should have 8 hours rest before being slaughtered.) (35) Fractures, bruises, contusions (when fever present). (36) Advanced stages of mange. (37) Advanced stages of foot rot. (38) Suppurative or gangrenous inflammation of the udder (when fever is present). (39) Wounds (when fever is present). (40) Any disease of the heart, lungs, liver, kidney, spleen, peritoneum, pleura, or any organ which would render the meat unfit for human food. (41) Animals less than 30 days old (calves must dress at least 45 pounds). (42) Animals wounded or killed by accident.

SEC. 2 (*Bruises and injuries*).—Where an organ or part of a carcass is bruised or injured the part injured must not be offered for sale; the rest of the carcass, if fit for food, will be allowed to go on the market.

SEC. 3 (*Protection from dust*).—The body of any animal or part thereof, which is to be used for food shall not be carted or carried through the streets or avenues unless it be so covered as to protect it from dust and dirt; and no meat, poultry, game, or fish shall be hung or exposed for sale in any street or outside of any shop or store, or in the open windows and doorways thereof, in the city of Bellevue, Ohio. During warm weather meat, poultry, game, or fish on the markets shall be protected from flies, dust, and dirt by a fine screen.

SEC. 4 (*Boars and rams*).—The meat of boars or rams shall not be held or offered for sale.

SEC. 5 (*Cooling after killing*).—No meat above the size of a rabbit shall be taken to any public or private market to be sold for human food until the same shall have been fully cooled after killing (nor until the organs of the abdominal and thoracic cavity, head, and feet, except of poultry and game, and except the head and feet of swine) shall have been removed.

SEC. 6 (*Preservatives*).—No one shall sell or offer for sale any meat that is kept fresh by salicylic or boracic acid or any other preservative.

SEC. 7 (*Cleanliness*).—Every butcher or other person occupying or using any room or building where any cattle are slaughtered or dressed for market or stores shall cause such room or building and all appurtenances to be thoroughly cleansed and all offal, blood, fat, garbage, refuse, and unwholesome or offensive matter to be removed therefrom once every twenty-four hours after the use thereof for any purpose herein mentioned; and the room or building mentioned must be well drained into a sewer or other place acceptable to the health officer.

SEC. 8. All meat dealers, butchers, or fishmongers must keep their stores, sale rooms, market stalls, slaughterhouses, and all appurtenances thereto in a clean and sanitary condition and provide proper drainage and ventilation for the same.

SEC. 9 (*Refrigerators*).—No meat dealer or butcher shall keep meats, fish, or fowls in any refrigerator or ice box unless the same shall be lined with lead or some other proper substance, so as to be water-tight, nor unless the same be provided with drainage.

SEC. 10 (*Meat on markets*).—All meat brought into market must be placed within the stall or stalls of the owner of such meat, and all meat must be removed from the market at the close of each market, unless the meat is placed within cold storage.

SEC. 11 (*Lard*).—Lard, when offered for sale, containing any substance other than the fat of swine, must be labeled as such, and not sold as pure lard.

SEC. 12 (*Transporting live animals*).—No one shall carry, while bound or tied by their legs, or bound down in any manner, in any vehicle in the city of Bellevue, any cattle, sheep, hogs, or calves; such animals shall be allowed freely to stand in any vehicle when transported and while being therein.

SEC. 13 (*Possession as for sale*).—The fact of any cattle, sheep, hog, or lamb being in stockyard or slaughterhouse pen shall be considered sufficient evidence that the same is being exposed there for sale; and the fact that the carcass of any cattle, hogs, or lamb, or any part thereof, is found in any public or private market place, dressed and prepared, it shall be deemed as sufficient evidence that the same is on sale; and no animal, or part thereof, nor any fish, game, or poultry that has been examined and condemned by the health officer or his assistant shall be held, sold, or offered for sale for human food in any market place in this city.

SEC. 18 (*Refusing or revoking permits*).—The board of health may refuse to grant such permit and may revoke the same when granted if the applicant or person to whom the permit is issued does not comply with the lawful rules and regulations now in force, or that may hereafter be adopted by the board of health, for the sale of meat.

SEC. 14 (*Condemnations*).—Upon any meat, birds, fowl, fish or vegetables being found by the health officer in a condition which renders them, in his opinion, unwholesome and unfit for use as human food, he is empowered, authorized, and directed to immediately condemn the same and cause them to be removed and destroyed and to report his action to the Bellevue Board of Health.

SEC. 15 (*Permits*).—No person shall vend meat in the city of Bellevue, Ohio, unless he shall have first obtained a permit from the board of health so to do.

SEC. 16 (*Fee for permits*).—All meat permits shall be renewed annually in January, for which a charge of one dollar shall be made. Permits issued after July 1 shall be charged at the rate of fifty cents for each permit, for use during the second half of the year only.

SEC. 17 (*Applications*).—All applications for permits shall be in writing.

SEC. 19 (*Immature animals*).—No butcher or other person shall bring into the city or sell, or offer for sale in the city for human food any calf or any part of the meat thereof which at the time it was killed was less than four weeks old; or any pig or any part of the meat thereof which at the time it was killed was less than five weeks old; or any lamb or any part of the meat thereof which at the time it was killed was less than eight weeks old.

SEC. 20 (*Procedure after condemnation*).—All animals, at the stock yards or in possession of any butcher, intended for slaughter for the city markets or stores, when

condemned according to the provisions of this code by the health officer, must not be slaughtered except in the presence of the health officer, due notice being sent by the butcher to the health office for that purpose. All carcasses or parts of the carcasses that are condemned by the health officer shall be rendered unfit for food by treatment with kerosene oil.

SEC. 21 (*Meat subject to inspection*).—All meat shipped into the city for sale or offered for sale shall be subject to inspection by the health officer.

SEC. 22 (*Condemnations by Federal inspectors*).—Any meat condemned in the city by Government or State inspectors shall be destroyed under the supervision and subject to the directions of the health office.

SEC. 23 (*Prohibited food products*).—No meat, fish, fruit or vegetables not being fresh, sound, and wholesome, nor any meat or fish that died by disease or accident shall be brought into the city, or offered or held for sale, as food, anywhere in the city, nor shall any such articles be kept or stored therein.

SEC. 24 (*Slaughtering in public; waste water in public*).—It shall be unlawful to slaughter, dress, or hang any cattle, sheep, hogs, calves, or other animal, or the meat thereof, wholly or partly, in any street, avenue, sidewalk, alley, or in any place or position that said slaughtering, dressing, or hanging shall be in view of any such street, avenue, alley, or public place, or of the persons who may be thereon; nor shall any bloody or dirty water or other substance from such cattle, meat, or place of killing, or appurtenances thereof be allowed to run, fall, or be in any avenue, sidewalk, alley, or public place.

SEC. 25 (*Cleansing fish or meat in public market*).—It shall be unlawful to cleanse any fish of their scales or entrails, or to kill or dress any animal in any public market where they may be offered for sale.

CHATTANOOGA, TENN.

Garbage—Working in Dumps and Carrying Away Materials Prohibited. (Ordinance adopted Apr. 8, 1912.)

SECTION 1. It is hereby declared a misdemeanor for any person to work in, assort or disturb in any manner, or carry away any materials of any character deposited in the garbage dumps in the city of Chattanooga: *Provided, however*, That the provisions of this ordinance shall not affect the right of the city of Chattanooga, through its proper department, to make contracts or grant privileges concerning its public garbage dumps.

SEC. 2. Any person violating the provisions of this ordinance, upon conviction therefor before the city judge, shall be fined not less than two nor more than fifty dollars.

SEC. 3. Be it further ordained, that this ordinance take effect two weeks from and after its passage, the public welfare requiring it.

CHICAGO, ILL.

Bathing Suits—To be Washed and Dried. (Ordinance Adopted July 1, 1912.)

SECTION 1. That section 160 of the Chicago Code of 1911 be, and the same is hereby, amended by adding thereto the following sections, which shall be known as section 160a, section 160b, and section 160c:

SEC. 160a. That it shall be unlawful for any person, firm, or corporation named in section 160 to issue to any bather intending to bathe at any such beach any bathing suit unless the same shall have been first disinfected, washed with soap and water, and dried.

SEC. 160b. That the methods and appliances employed in and about any such bathing beach in disinfecting, washing, and drying such bathing suits shall at all times be subject to the inspection and approval of the commissioner of health.

SEC. 160c. Any person, firm, or corporation violating any of the foregoing provisions shall be fined not less than five nor more than two hundred dollars.

SEC. 2. This ordinance shall be in full force and effect from and after its passage and publication.

CUMBERLAND, MD.

Privies and Cesspools—Those Removing Contents of, to Register and Make Reports. (Regulation Board of Health adopted Oct. 14, 1912.)

All persons holding a license issued by the city clerk, as provided in paragraph 8 of Chapter XII of the city code, 1902, to clean or open vaults, sinks, or privies in the city of Cumberland, and all other persons engaged in such work, shall appear and register in a book provided for that purpose, in the office of the health officer, city hall. All persons so registered as provided above shall between the 1st and 5th of each month make a report to the health officer on forms to be furnished of all vaults, sinks, or privies so cleaned by them during the previous month.

Any person violating the above order shall be punished as provided in paragraph 25 of Chapter XII, city code, 1902.

LOS ANGELES, CAL.

Embalming of Bodies—Not to be Done Without Permit from Health Commissioner. (Ordinance adopted May 1, 1912.)

SEC. 10. It shall be unlawful for any person to embalm, or to cause to be embalmed, or to assist in embalming, the dead body of any human being without a certificate in writing signed by the coroner or the health commissioner, or by the physician who shall have had the professional care of such deceased human being at the time of death, which certificate shall state that no facts attended the illness or death of the deceased person that would cause or be a reason for an investigation of such death by any officer of the State of California, or of the county of Los Angeles, or of the city of Los Angeles: *Provided, however,* That the provisions of this section shall not apply to the embalming of the dead body of any human being whose death shall have been caused by traumatic injury or accident.

SEC. 11. It shall be unlawful for any person to embalm the body of any dead person or to inject any fluid into any such dead body until the health commissioner shall have examined such body and has given a permit in writing for the embalming of such body or for the injection of fluid into the same.

SEC. 24. It shall be unlawful for any undertaker or other person to use, or to cause or permit to be used, any vehicle, other than a hearse, for the conveyance of the body of any person who shall die from any infectious or contagious disease. It shall be unlawful for any person to convey, or to cause or permit to be conveyed, into any church or other public hall or place, the body of any person who shall die of any infectious or contagious disease.

SEC. 25. The health commissioner shall take such measures as he shall deem necessary to prevent the spread of smallpox, and the health commissioner is hereby authorized to issue an order, or orders, at such time or times as he shall deem necessary, requiring all persons in the city to be vaccinated within such time as shall be prescribed in such order or orders. It shall be the duty of the health commissioner to provide for the vaccination, at the expense of the city, of such persons as are unable to pay for the same. It shall be unlawful for any person to fail, refuse, or neglect to be vaccinated as required by this section within the time prescribed in such order or orders.

SEC. 26. It shall be unlawful for any person, firm, or corporation to sell, lend, give away, or otherwise dispose of, or to cause or permit to be sold, loaned, given away, or otherwise disposed of, any clothing, bedding, rags, or other articles which shall have been exposed to contagion or which may convey infection from any person affected

with bubonic plague, Asiatic cholera, smallpox, typhus fever, diphtheria, scarlet fever, typhoid fever, glanders, leprosy, or tuberculosis, unless the same shall have been disinfected or fumigated to the satisfaction of the health commissioner; provided however, that the same may be destroyed by fire.

SEC. 27. It shall be unlawful for any conductor or other person having the charge, control, or management of any railroad car or street car, or any passenger train or freight train, or any steam engine or electric car, or any car drawn or propelled by means of steam, electricity, gasoline, or other power, to bring into, or to cause or permit to enter into the corporate limits of the city of Los Angeles, on or by means of any such car, train, or engine, any person affected with bubonic plague, Asiatic cholera, smallpox, typhus fever, yellow fever, diphtheria, scarlet fever, glanders, leprosy, or varioloid.

SEC. 28. It shall be unlawful for any conductor or other person having the charge, control, or management of any railroad car or street car, or any passenger train or freight train, or any steam engine or electric car, or any car drawn or propelled by means of steam, electricity, gasoline, or other power, to fail, refuse, or neglect to permit the health commissioner or any other person designated by the health commissioner to enter such car, train, or engine, or any portion thereof, for the purpose of ascertaining whether any person affected with bubonic plague, Asiatic cholera, smallpox, typhus fever, yellow fever, diphtheria, scarlet fever, glanders, leprosy, or varioloid is on such car, train or engine; or to conceal in any manner the fact that a person so affected is on such car, train or engine; or to obstruct, prevent or hinder in any manner the health commissioner or any other person so designated, from examining such car, train, or engine, or any portion thereof, or the cars composing such train; or to permit any such car, train, or engine containing any person affected with any such disease to enter the city of Los Angeles.

SEC. 29. It shall be the duty of the health commissioner, when in his opinion he deems it necessary for the preservation of the public health, to require all engines, all cars, and all trains of cars, both passenger and freight, entering into the city of Los Angeles to stop at some convenient place or places, to be designated by him, outside of the corporate limits of the said city before entering the same, for the purpose of permitting such cars and trains to be examined in order to ascertain whether any such car or train contains any person, who is affected with bubonic plague, Asiatic cholera, smallpox, typhus fever, yellow fever, diphtheria, scarlet fever, glanders, leprosy, or varioloid. The health commissioner shall give written notice of such requirement to the manager, superintendent, or other person or persons having charge, control, or management of all such cars or trains, and such manager, superintendent, or other person or persons shall immediately notify, or cause to be notified, every conductor or person having charge of any car, train, or engine entering into the said city to stop such car, train, or engine before entering the said city, at the place or places so designated. After such notice is so given by the health commissioner, it shall be unlawful for any conductor or other person having charge or control of any car, train, or engine to permit the same to enter the corporate limits of the said city without first causing such car, train, or engine to stop at the place designated therefor by the health commissioner, and permitting the same, and every portion thereof, to be examined by him or by some person designated by the said health commissioner, or without first obtaining a certificate from the health commissioner, permitting such car, train, or engine to enter the said city.

SEC. 30. The health commissioner is hereby authorized and empowered to take such measures as he may deem necessary to prevent the entrance of pestilential, contagious, or infectious diseases into the city, and for that purpose he is hereby authorized and empowered to detain and examine any person coming from any place in which any such disease exists or is believed to exist.